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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)

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

Tax-exempts lattus	Internal Revenue Servi	'	The organization may have to use a copy of this return			Орен	to r ablic inspection
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Markers change Mark	B Check if applicabl	Please us	اما		1		
Reverted return	Address char	ige IRStabel	(ISociety for Orphaned Armenia)	n Relief,			
Temmarian Paperation Pape	Name change	or type	Number and street (or P O box if mail is not delivered to	street addr) Room/s	suite E 7	•	
Search Control Grown	Initial return	specific				<u>(610) 213</u>	3-3452
Application persists F. Name and address of principal officers Versional parts Version	Termination	tions.	City, town or country	State ZIP code +	4		
Tax_exempt status	Amended ret	Jrn	Philadelphia	PA 19118	G (Gross receipts \$	185,044.
Tax-exempt status	Application p	ending F Name	and address of principal officer				es? Yes X No
Tax-exempt status		George Y	acoubian 123 W. Springfield Ave Philadelph	ia PA 19118	1 , ,		ctions) Yes No
Website: N A	I Tax-exempt	status X 50	01(c) (3) ◄ (insert no) 4947(a)(1)	or 527	ii No, attacri	la list (see mstruc	cuons)
Barrelly describe the organization's mission or most significant activities Additional Children Incompared Incompar				1	H(c) Group exemp	otion number	
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Breefly describe the organization's mission or most significant activities Adopting Organization According to the potential According Acco					· · · · · · · · · · · · · · · · · · ·	1	
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							Form 990 (2009

		<u>20-4095458</u>	Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	Adopting Orphaned Children		
			
2	Did the organization undertake any significant program services during the year which were not listed on the p		
	Form 990 or 990-EZ?		res X No
	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'	, [] ,	Yes X No
	If 'Yes,' describe these changes on Schedule O		_
4		rnenses Section	501(c)(3)
•	Describe the exempt purpose achievements for each of the organization's three largest program services by eand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allog	cations to others,	the total
	expenses, and revenue, if any, for each program service reported		
	4 F00 and discount of 0	^	10 201 \
48	(Code:) (Expenses \$4,500. including grants of \$0.) (Rev	enue Ş	12,391.)
	Annual cocktail reception and tournament to raise funds and		
	awareness for orphaned Armenian Children	-	
			
			
41	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
•		'	
			
			
		-	
		-	
			
		- 	
40	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
Δ.	e Total program service expenses ► 4,500.		
	Total program service expenses F 3/000		

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
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? If 'Yes,' complete Schedule C, Part I	_3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
124	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		х
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? If 'Yes,' complete Schedule F, Part II	15	Х	
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? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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X

Part IV Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Х 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? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Part V, line 2 X 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 36 Х 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

Form 990 (2009) BAA

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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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 0 1 a Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? Х 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return 3а b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6al Х b If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 9b Х b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other 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.) 11 h 12a 12a Section 4947(a)(1) non-exempt charitable trusts. 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 12b

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sec	tion A. C	overning Body and Management				
					Yes	No
1 a	Enter the nu	umber of voting members of the governing body	1a 4			
ŧ	Enter the nu	umber of voting members that are independent	1b 4		į	
2	Did any officer, direct	cer, director, trustee, or key employee have a family relationship or a business relactor, trustee or key employee?	ationship with any other	2	- <u>x</u>	
3	Did the orga	anization delegate control over management duties customarily performed by or un directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		x
4	· ·	anization make any significant changes to its organizational documents		4	_	X
	_	or Form 990 was filed?				
5	Did the orga	anization become aware during the year of a material diversion of the organization	s assets?	5		X
6	_	ganization have members or stockholders? .		6		<u>X</u>
7 8	Does the or	- ganization have members, stockholders, or other persons who may elect one or m odv?	ore members of the	7a		
ŀ		cisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7 b		<u>x</u>
8	Did the orga	anization contemporaneously document the meetings held or written actions undert	aken during the year by			
á	The govern	-		8a	X	
ŀ	Each comm	uttee with authority to act on behalf of the governing body?		8Ь	Х	
9	Is there any organization	officer, director or trustee, or key employee listed in Part VII, Section A, who cannots mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		х
Sec	tion B. F	Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code)				-	
			ı		Yes	No
10 a	a Does the or	ganization have local chapters, branches, or affiliates?		10 a	X	
ı	if 'Yes,' doe and branch	es the organization have written policies and procedures governing the activities of es to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b	х	
11	Has the org	anization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х	
11/	ADescribe in	Schedule O the process, if any, used by the organization to review this Form 990				
12	a Does the or	ganization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
ı	Are officers to conflicts?	, directors or trustees, and key employees required to disclose annually interests the	nat could give rise	12b		
(Does the or Schedule O	ganization regularly and consistently monitor and enforce compliance with the poli I how this is done	cy? If 'Yes,' describe in	12c		
13	Does the or	ganization have a written whistleblower policy?		13		X
14	Does the or	ganization have a written document retention and destruction policy?		14		Х
15	Did the products	cess for determining compensation of the following persons include a review and a mparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			-
		ation's CEO, Executive Director, or top management official		15 a		Х
	_	rs of key employees of the organization		15 b		X
	If 'Yes' to In	ne 15a or 15b, describe the process in Schedule O. (See instructions)				
16 a	Did the orga	anization invest in, contribute assets to, or participate in a joint venture or similar a g the year?	arrangement with a taxable	16a		
1	b If 'Yes,' has	the organization adopted a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and taken steps to safeguard t	o evaluate its participation he organization's exempt			
<u> </u>		respect to such arrangements?		16 b		
		Disclosures				
		tes with which a copy of this Form 990 is required to be filed				
18	inspection	4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available Check all that apply.	d 990-T (501(c)(3)s only) ava	ılable	for pu	blic
	Own we					
19	statements	Schedule O whether (and if so, how) the organization makes its governing docume available to the public.	•			ıal
20		ame, physical address, and telephone number of the person who possesses the bo	•			
	<pre>-George</pre>	Yacoubian 123 W. Springfield Ave Phila P	'A19118-4020 (63	<u>τ</u> Ω)_8	<u> </u>	1.1.T.O

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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	compens	ate ar	ту с	urrer	nt of	ficer,	dired	ctor, or trustee.		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week		ition		k all t	hat app		Reportable	Reportable	Estimated amount of other
	per week	adividi al fruscee or director	mshtuhonal kustee	Offi-er	key employee	Higl est cointensated employee	Furner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
George Yacoubian										
President	20.00	X	İ	Х				0.	0.	0.
		ļ 								
				_						
										200
							l 			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes N	(A)	(B)			•	c)			(D)	(E)		(F)	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N 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 3	Name and Title			_		,			Reportable compensation from the organization (W-2/1099-MISC)	related organizations	am co	ount of or mpensati from the ganization	ther ion on ed
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N		-											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N 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 3													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N													
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N		-											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N		-											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N 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 3													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N		-											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes N		1				<u> </u>					_		
Yes N								_	<u> </u>	<u> </u>	• •		0.
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 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 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 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 Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		to thos	e lis	ted	abov	ve) ۱	who	rece	eived more than \$	100,000 in reportal	ble com	pensat	ion
on line 1a? If 'Yes,' complete Schedule J for such individual 1. 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												Yes	No
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such Individual 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 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual	•							•	3		Х
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 Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations greater th	oortable nan \$150	com 0,000	nper 0? <i>I</i>	isatı f 'Y∈	on a	and o	othei <i>lete</i>	r compensation fro Schedule J for su	om ech		-	
rendered to the organization? If 'Yes,' complete Schedule J for such person 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) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue co	ompensa	atıor	ı fro	m aı	ny u	nrel	ated	organization for s	services			
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 Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	per	son					5		<u> </u>
(A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensate	ed indep	end	ent (cont	ract	ors t	that	received more tha	n \$100,000 of			
2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)	ss							(B) of Services			on
													_
													_
						_		_					
ψτου,ουο τη συπρεποατίστη της στηαπιεατίση	2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not I	ımıte	ed to	tho	se	liste	d ab	ove) who received	more than			

Form 990 (2009) Society for Orphaned Armenian Relief, Inc.

20-4095458

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	n 990 (2009) Society for Orphaned Armenian	Relief, Inc	·	20-4095458	
Par	t 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a 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 contribns included in lns 1a-1f h Total. Add lines 1a-1f	185,037.			
PROGRAM SERVICE REVENUE	Business Code 2a b c d e f All other program service revenue g Total. Add lines 2a-2f				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 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 \$ 12,391. of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue	7.	7.	0.	0.
	e Total. Add lines 11a-11d .				

12 Total revenue. See instructions

185,044.

0.

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).

	not include amounts reported on lines 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		o.spon.ssc	general expenses	oponiscs
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	160,455.	160,455.		
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
a	a Management		<u> </u>		
ŀ) Legal	1,870.	1,870.	0.	0.
(: Accounting .	385.	385.	0.	<u> </u>
C	i Lobbying .				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
Ç	Other				
12	Advertising and promotion	4,768.	4,768.	0.	0.
13	Office expenses	1,387.	0.	1,387.	0.
14	Information technology .	1,184.	0.	1,184.	0.
15	Royalties .				
16	Occupancy .				
17	Travel	1,719.	0.	1,719.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	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.)	350.	0.	350.	0.
á	Fund Raising	8,270.	0.	0.	8,270.
	Banking Fees	453.	0.	453.	0.
	Equip rental	2,537.	2,537.	0.	0.
	Printing and Copying	3,054.	3,054.	0.	0.
	Postage and Mailing	1,865.	1,865.	0.	0.
	All other expenses .	335.	0.	335.	0.
	Total functional expenses. Add lines 1 through 24f	188,632.	174,934.	5,428.	8,270.
26	Joint costs. Check here ► ☐ 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				
BAA					Form 990 (2009)

		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	7,258.	1	9,148.
2	Savings and temporary cash investments	5,074.	2	0.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key and highest compensated employees. Complete Part II of Schedule I	employees,	5	
6	Receivables from other disqualified persons (as defined under section	n 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	<u> </u>	7	
7 S 8 T 9	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other basis 10a			
	Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10 c	
11	Investments - publicly-traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	12,332.	16	9,148
17	Accounts payable and accrued expenses		17	403
18	Grants payable		18	
19	Deferred revenue .		19	
[20	Tax-exempt bond liabilities .		20	
21	· · · · · · · · · · · · · · · · · · ·		21	
A 21 L 22	highest compensated employees, and disqualified persons. Complete	loyees, e Part II	 -	
1	of Schedule L		22	
ž 23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	403
N	Organizations that follow SFAS 117, check here ▶ □ and comp	lete lines	1 1	
l	27 through 29 and lines 33 and 34.		-	
§ 27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
			29	
₹	<u> </u>	id complete	1	
30	lines 30 through 34.			
			30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32			32	8,745.
B 31 A 32 N 33 E 34	Total net assets or fund balances	12,332.	33	8,745.
<u>s 34</u>	Total liabilities and net assets/fund balances	12,332.	34	9,148.

9,148. Form **990** (2009) BAA

<u>Form</u>	990 (2009) Society for Orphaned Armenian Relief, Inc. 20-4095	458	Pa	age 12
Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
b	Were the organization's financial statements audited by an independent accountant?	2 b	,	Х
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a	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?	3 a	i	x
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit 3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36	<u> </u>	

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number Society for Orphaned Armenian Relief, Inc. 20-4095458 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 (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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). 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) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Х 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 Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type III- Other a | Type I Type II Type III - Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box 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 supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations. h (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported Organization (ii) EIN (iv) Is the rganization in col (v) Did you notify the organization in col (i) of your support? (vi) Is the (vii) Amount of Support organization in col (i) organized in the governing document? Yes Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009						
	(Complete only if you checke	•			(2)(1)(1)(1)(1)		,
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						-
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		· 	r	ī	,	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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						
12	Gross receipts from related active	ties, etc. (see inst	ructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, oi	fifth tax year as a	a section 501(c)(3)	▶ □
-	tion C. Computation of Pul		· - · · · · · · · · · · · · · · · · · ·	. 11		- 1 1	
	Public support percentage for 200 Public support percentage from 2	•	•	e 11, column (f) .		14	<u>%</u> %
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, che	ck this box
t	33-1/3 support test — 2008. If the and stop here. The organization of				and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	. Explain in Part IV	how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar -cırcumstances' t	nd-circumstances' est The organiza	test, check this bation qualifies as	ox and stop here. a publicly support	Explain in Part IV ed organization.	how the
18 BAA		ation did not chec	k a box on line, 1	з, 16a, 16b, 17a,			uctions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	ne 9 of Part I.)			·····	
Sec	ion A. Public Support			·	······		
	ndar year (or fiscal yr beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')		91,582.	93,282.	142,699.		327,563.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	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						
-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons.		91,582.	93,282.	142,699.		327,563.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		0.				0.
8	Public support (Subtract line						
	7c from line 6.)						327,563.
Sec	tion B. Total Support						
<u> </u>							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale:	ndar year (or fiscal yr beginning in) Amounts from line 6.	(a) 2005	(b) 2006 91, 582.	(c) 2007 93, 282.	(d) 2008 142, 699.	(e) 2009	(f) Total 327, 563.
Cale:	ndar year (or fiscal yr beginning in)	(a) 2005	91,582.	93,282.	142,699.	(e) 2009	327,563.
Caler 9 10 a	Amounts from line 6 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	91,582.	93,282.	142,699. 88.	(e) 2009	327,563.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	91,582.	93,282.	142,699.	(e) 2009	327,563.
Caler 9 10 a b	Amounts from line 6 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	91,582.	93,282.	142,699. 88.	(e) 2009	327,563.
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	s for the organiza	91,582. 15.	93,282. 38.	88. 88.		327,563.
Calei 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organiza	91,582. 15.	93,282. 38.	88. 88.		327,563. 141. 141.
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organiza stop here blic Support P	91,582. 15. 15. tion's first, second,	93, 282. 38. 38.	88. 88.		327,563. 141. 141.
Calei 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	s for the organiza stop here blic Support P 09 (line 8, column	91,582. 15. 15. tion's first, second, Percentage (f) divided by line	93, 282. 38. 38.	88. 88.	section 501(c)(3)	327,563. 141. 141. 327,704. ► x
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A, I	15. 15. 15. tion's first, second, ercentage (f) divided by line Part III, line 15	93, 282. 38. 38.	88. 88.	section 501(c)(3)	327,563. 141. 141. 327,704. ► X
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and the composition of Pull Public support percentage from 200 Public support percentage from 2	s for the organiza stop here blic Support P 09 (line 8, column 1008 Schedule A, l estment Incor	91,582. 15. 15. 15. Percentage (f) divided by line Part III, line 15 me Percentage	93, 282. 38. 38.	88. 88.	section 501(c)(3)	327,563. 141. 141. 327,704. ► X
Calei 9 10 a b c c 11 1 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Put Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, l estment Incor or 2009 (line 10c, o	15. 15. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	93, 282. 38. 38. third, fourth, or 13, column (f))	88. 88.	section 501(c)(3)	327, 563. 141. 141. 327, 704.
Calei 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box and tione than 33-1/3%, check this box.	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, lestment Incor or 2009 (line 10c, com 2008 Schedule e organization dictor and stop here.	15. 15. 15. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	38. 38. third, fourth, or 13, column (f)) by line 13, column on line 14, and lualifies as a public	142, 699. 88. 88. fifth tax year as a	section 501(c)(3) 15 16 17 18 an 33-1/3%, and leanization	327, 563. 141. 141. 327, 704. % % ne 17 is not
Calei 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organiza stop here blic Support P 09 (line 8, column 1008 Schedule A, lestment Incor or 2009 (line 10c, com 2008 Schedule de organization dictivation di	15. 15. 15. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19	93, 282. 38. 38. third, fourth, or 13, column on line 14, and lualifies as a public line 14 or 19a, atton qualifies as a tion qualifies as a	142, 699. 88. 88. 88. In (f)) Inne 15 is more that in the supported organized and line 16 is more a publicly supported.	section 501(c)(3) 15 16 17 18 an 33-1/3%, and light anization e than 33-1/3%, a	327, 563. 141. 141. 327, 704. % % ne 17 is not

Schedule A	(Form 990	or 990-E	Z) 2009	Soc	ciety	y for	Orph	naned	l Arme	nian	Reli	ef,	Inc.	20-4	09545	8	Page 4
Part IV	Supplem Part II, III	ental I	nformat	ion.	Comp	olete 1	his p	art to	provid	e the	expla	natio	ns rec	uired !	y Part	II, line 1	0;
	Part II, III	ne 17a	ı or 17b;	and	Part	III, lir	ie 12.	Prov	ide an	y othe	er addi	itiona	al infor	matior	ı. See ı	nstructio	ns.
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public

Michial Revenue Service	iinspection					
Name of the organization	Employer identification number					
Society for Orphaned Armenian Relief, Inc.	20-4095458					
Part I General Information on Activities Outside the United States. Complete if the to Form 990, Part IV, line 14b.	organization answered 'Yes'					
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or a grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or a						

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) (c) Number of (b) Number of (a) Region (d) Activities conducted in (e) If activity listed in (f) Total offices in the employees or region (by type) (i e , expenditures in (d) is a program fundraising, program services, grants to recipients agents in region service, describe region region specific type of located in the region) service(s) in region Totals

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

Schedule F (Form 990) (2009)

Page 2 20-4095458 Society for Orphaned Armenian Relief, Inc. Schedule F (Form 990) 2009

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.

(f) Method of valuation (book, FMV, appraisal, other)		2									
(h) Description of non-cash assistance											
(g) Amount of non-cash assistance											
(f) Manner of cash disbursement											
(e) Amount of cash grant											
(d) Purpose of grant	Orphanages									-	
(c) Region	Russia										
(b) IRS code section and EIN (if applicable)									and the second		
1 (a) Name of organization											į.
•		 	 	 	 	 1	·	 	h		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

BAA

Page 3 20-4095458 Society for Orphaned Armenian Relief, Inc.

Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance 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. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Part IV	Supplemental Information	20-4093436	Page 4
I altiv	Complete this part to provide the information required in Part I, line 2, and any additional inform	mation	
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TEEA3504 07/06/09

Schedule F (Form 990) 2009

BAA

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Society for Orphaned Armenian Relief, Inc.

► Attach to Form 990.

Open To Public Inspection Employer identification number

20-4095458

Part I Types of Property (b) (c) (d) Revenues reported on Form 990, Check if Number of Method of determining applicable Contributions revenues Part VIII, line 1g Art-Works of art Art-Historical treasures 2 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 10 Securities-Closely held stock 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other 15 Real estate-Residential Real estate-Commercial Real estate-Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 26 Other > 27 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 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? 30 a Х 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? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a X

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

b If 'Yes,' describe in Part II

Schedule	M (Form	990) 2009	Soci	Lety	for	Orph	aned	Arm	<u>enian</u>	Reli	ef,	Inc.		20-409	5458		Page 2
Part II	Suppl	emental	Informa	ation.	Com	plete	this p	art to	provid	le the	ınforı	mation	required	by Part	I, lines	30b, 3	32b,
	and 33	3. Also co	omplete	this	part 1	for an	y add	itiona	al inforn	nation	<u>.</u>						
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

	Employer identification number
Society for Orphaned Armenian Relief, Inc.	20-4095458
Pt VI-A, Line 2 Trustee related to another trustee	
Pt_VI-A, Line 8a Board_minutes_created_and_written_after_each_me	eting
Pt_VI-A, Line 8b_Notes_taken at each meeting	
Pt VI-B, Line 11A Tax Return reviewed by Board upon completion	
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