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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
ARMENIAN GENERAL BENEVOLENT UNION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
55 EAST 59TH STREET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10022

D Employer identification number
13-5600421

E Telephone number
(212) 319-6383

G Gross receipts $ 153,974,551

F Name and address of principal officer
BERGE SETRAKIAN
55 EAST 59TH STREET
NEW YORK, NY 10022

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AGBU ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1959 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PRESERVE AND PROMOTE THE ARMENIAN IDENTITY AND HERITAGE THROUGH EDUCATIONAL, CULTURAL, AND HUMANITARIAN PROGRAMS THROUGHOUT THE ARMENIAN DIASPORA WORLDWIDE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	89
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	12,304,923	42,426,922
9	Program service revenue (Part VIII, line 2g)	497,877	711,473
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,371,953	12,702,152
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,789	15,213
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,203,542	55,855,760
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,962,198	13,969,158
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,403,191	2,455,194
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶250,113		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,857,941	6,518,912
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,223,330	22,943,264
19	Revenue less expenses Subtract line 18 from line 12	-2,019,788	32,912,496
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	194,023,371	211,648,007
21	Total liabilities (Part X, line 26)	2,929,400	3,150,816
22	Net assets or fund balances Subtract line 21 from line 20	191,093,971	208,497,191

Part II Signature Block

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

Sign Here

****** | 2013-01-30
Signature of officer | Date

YERVANT DEMIRJIAN ASSISTANT TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: BARRY ECKENTHAL | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00142864

Firm's name (or yours if self-employed), address, and ZIP + 4: FRIEDMAN LLP, 100 EAGLE ROCK AVENUE STE 200, EAST HANOVER, NJ 07936 | EIN ▶ 13-1610809 | Phone no ▶ (973) 929-3500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROMOTE THE EDUCATIONAL, CULTURAL, PHYSICAL, SPIRITUAL AND MORAL DEVELOPMENT OF THE ARMENIAN PEOPLE, EVERYWHERE TO AID NEEDY ARMENIANS EVERYWHERE AND PROMOTE THEIR GENERAL WELFARE TO PROMOTE WORKS AND PUBLICATIONS AND ESTABLISH KINDERGARTENS, ELEMENTARY SCHOOLS, HIGH SCHOOLS AND COLLEGES TO ASSIST HUMANITARIAN ENDEAVORS WHICH ARE CONSISTENT WITH THESE PURPOSES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,846,247 including grants of $ 5,344,277) (Revenue $ 711,473)

EDUCATIONAL PROGRAMS INCLUDE THE ALLOCATION OF SUBSIDIES TO 15 DAY SCHOOLS OF THE ORGANIZATION THAT PROVIDE AN ARMENIAN CURRICULUM, IN ADDITION TO IMPLEMENTING THE LOCAL COUNTRY'S EDUCATIONAL PROGRAMS, TO APPROXIMATELY 4,500 KINDERGARTEN, ELEMENTARY, AND HIGH SCHOOL STUDENTS THE ORGANIZATION ALSO GRANTS COLLEGE SCHOLARSHIPS TO APPROXIMATELY 600 QUALIFIED STUDENTS, AND ALLOCATIONS AND SUBSIDIES TO VARIOUS ARMENIAN AND NON-ARMENIAN UNIVERSITIES, SUMMER DAY CAMPS, AND AFTER-SCHOOL CHILDREN'S CENTERS IN ARMENIA ASSISTANCE IS ALSO OFFERED TO VARIOUS OTHER ARMENIAN SCHOOLS AND EDUCATIONAL PROGRAMS THROUGHOUT THE WORLD

4b (Code) (Expenses $ 4,395,509 including grants of $ 3,144,592) (Revenue $)

CULTURAL PROGRAMS INCLUDE ALLOCATIONS AND SUBSIDIES TO VARIOUS CULTURAL ACTIVITIES IN ARMENIA AND WORLDWIDE, SUCH AS THE ARMENIAN PHILHARMONIC ORCHESTRA, WRITER'S ASSOCIATIONS, PUBLICATION AND PRINTING OF BOOKS AND MAGAZINES, MUSIC FESTIVALS, ACADEMY OF SCIENCES, ETC IT ALSO INCLUDES ALLOCATIONS TO THE VARIOUS CULTURAL CENTERS OF THE ORGANIZATION THROUGHOUT FIVE CONTINENTS THESE CENTERS PROVIDE LOCALES FOR CULTURAL, YOUTH, SPORTS, DANCE, CHORAL, AND OTHER ACTIVITIES WHICH COMPRISE MUSICAL, LITERARY, AND THEATRICAL PERFORMANCES, YOUTH SUMMER INTERNSHIP PROGRAMS, MENTORSHIP PROGRAMS, AND SO ON

4c (Code) (Expenses $ 3,319,134 including grants of $ 3,113,938) (Revenue $)

HUMANITARIAN PROGRAMS INCLUDE SUPPORT AND ALLOCATIONS TO RELIEF AND MEDICAL AID PROGRAMS THROUGHOUT ARMENIAN AND NON-ARMENIAN COMMUNITIES WORLDWIDE THIS INCLUDES SENIOR DINING CENTERS (SOUP KITCHENS), MEDICAL CLINICS, HOSPITALS, CARE CENTERS, HOUSING CONSTRUCTION, IRRIGATION PROJECTS, AND EARTHQUAKE RELIEF

(Code) (Expenses $ 4,332,755 including grants of $ 4,332,755) (Revenue $)

RELIGIOUS

4d Other program services (Describe in Schedule O)

(Expenses $ 4,332,755 including grants of $ 4,332,755) (Revenue $)

4e **Total program service expenses** ▶ $ 17,893,645

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16	Yes	
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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**	Yes	
22	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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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 any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction 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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	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	**38**	Yes	

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

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	51		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	89		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CY , FR , AM , CA , SZ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
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					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NJ , NY , IL , MA , MI , CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VAHE KILJIAN
55 EAST 59TH STREET NEW YORK NY
NEW YORK,NY 100221112
(212) 319-6383

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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 organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HIS HOLINESS KAREKIN II HONORARY MEMBER	5 00	X						0	0	0
(2) BERGE SETRAKIAN PRESIDENT	5 00	X		X				0	0	0
(3) SINAN SINANIAN VICE PRESIDENT	5 00	X		X				0	0	0
(4) SAM SIMONIAN TREASURER	5 00	X		X				0	0	0
(5) YERVANT DEMIRJIAN ASSISTANT TREASURER	5 00	X		X				0	0	0
(6) BERGE PAPAZIAN SECRETARY	5 00	X		X				0	0	0
(7) SARKIS JEBEJIAN ASSISTANT SECRETARY	5 00	X		X				0	0	0
(8) MMICHAEL ANSOUR MEMBER	5 00	X						0	0	0
(9) CAROL BAGDASARIAN ASLANIAN MEMBER	5 00	X						0	0	0
(10) JOSEPH BASRALIAN MEMBER	5 00	X						0	0	0
(11) NAZERETH FESTEKJIAN MEMBER	5 00	X						0	0	0
(12) ARDA NAZERIAN HARATUNIAN MEMBER	5 00	X						0	0	0
(13) LEVON NAZARIAN MEMBER	5 00	X						0	0	0
(14) JOSEPH OUGHOURLIAN MEMBER	5 00	X						0	0	0
(15) DICKRAN TEVRIZIAN MEMBER	5 00	X						0	0	0
(16) YERVANT ZORIAN MEMBER	5 00	X						0	0	0
(17) ARIS ATAMIAN MEMBER	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUBEN KECHICHIAN MEMBER	5 00	X						0	0	0
(19) VAHE GABRACHE MEMBER	5 00	X						0	0	0
(20) VASKEN YACOUBIAN MEMBER	5 00	X						0	0	0
(21) LOUISE MANOOGIAN SIMONE TRUSTEE	5 00	X						0	0	0
(22) RICHARD MANOOGIAN TRUSTEE	5 00	X						0	0	0
(23) NAZAR NAZARIAN TRUSTEE	5 00	X						0	0	0
(24) SARKIS DEMIRDJIAN TRUSTEE	5 00	X						0	0	0
(25) KARNIG YACOUBIAN TRUSTEE	5 00	X						0	0	0
(26) JOHN CHERKEZIAN CHIEF OPERATING OFFICER	40 00					X		247,050	0	7,350
(27) ANI ANSERIAN DIRECTOR- PROGRAMS	40 00					X		172,510	0	4,543
(28) ARTOUN HAMALIAN DIRECTOR- EDUCATION	40 00					X		111,233	0	3,079
(29) VAHE KILJIAN FINANCIAL CONTROLLER	40 00					X		109,750	0	3,114
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								640,543	0	18,086

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4

			Yes	No
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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 021102112	PORTFOLIO MANAGER	253,637

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	135,249			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,291,673			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		42,426,922			
Program Service Revenue			Business Code				
	2a	TUITION	611600	711,473	711,473		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		711,473			
	3	Investment income (including dividends, interest and other similar amounts)		4,260,215			4,260,215
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		4,617			4,617

		(i) Real	(ii) Personal				
6a	Gross rents	28,600					
b	Less rental expenses	0					
c	Rental income or (loss)	28,600					
d	Net rental income or (loss)			28,600			28,600

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	106,511,384					
b	Less cost or other basis and sales expenses	97,085,128	984,319				
c	Gain or (loss)	9,426,256	-984,319				
d	Net gain or (loss)			8,441,937			8,441,937

Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a	31,340				
	b	Less cost of goods sold b	49,344				
	c	Net income or (loss) from sales of inventory		-18,004	-18,004		
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		55,855,760	693,469	0	12,735,369

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,132,759	1,132,759		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	137,823	137,823		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	12,698,576	12,698,576		
4	Benefits paid to or for members				
5	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	1,801,494	37,038	1,514,343	250,113
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	151,909		151,909	
9	Other employee benefits	347,115	7,519	339,596	
10	Payroll taxes	154,676	11,726	142,950	
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,520		26,520	
c	Accounting	70,568		70,568	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	690,001		690,001	
g	Other	68,750	22,884	45,866	
12	Advertising and promotion	15,757	6,540	9,217	
13	Office expenses	299,021	119,847	179,174	
14	Information technology				
15	Royalties . .				
16	Occupancy	392,893	200,704	192,189	
17	Travel	148,352	81,841	66,511	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,171		11,171	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,136,176	11,126	1,125,050	
23	Insurance	31,973	1,018	30,955	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ACTIVITY EXPENSES	3,346,793	3,346,793		
b	MISCELLANEOUS EXPENSE	166,688	54,066	112,622	
c	BANK CUSTODIAL FEES	51,775		51,775	
d	INTERNET AND TELEPHONE	49,974	10,885	39,089	
e					
f	All other expenses	12,500	12,500		
25	**Total functional expenses.** Add lines 1 through 24f	22,943,264	17,893,645	4,799,506	250,113
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,810,257	1	7,998,634
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	184,151
	4	Accounts receivable, net		1,431,114	4	1,378,339
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 45,974,869			
	b	Less accumulated depreciation	10b 21,764,875	22,743,343	10c	24,209,994
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		165,448,668	12	156,334,695
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		589,989	15	21,542,194
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		194,023,371	16	211,648,007
Liabilities	17	Accounts payable and accrued expenses		2,929,400	17	3,150,816
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,929,400	26	3,150,816
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,823,068	27	-9,438,583
	28	Temporarily restricted net assets		30,505,735	28	59,501,012
	29	Permanently restricted net assets		155,765,168	29	158,434,762
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		191,093,971	33	208,497,191
	34	Total liabilities and net assets/fund balances		194,023,371	34	211,648,007

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,855,760
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,943,264
3	Revenue less expenses Subtract line 2 from line 1	3	32,912,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	191,093,971
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,509,276
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	208,497,191

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	28,353,751	14,375,634	15,455,333	12,457,970	42,426,922	113,069,610
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	28,353,751	14,375,634	15,455,333	12,457,970	42,426,922	113,069,610
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)						12,202,800
6 **Public Support.** Subtract line 5 from line 4						100,866,810

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	28,353,751	14,375,634	15,455,333	12,457,970	42,426,922	113,069,610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,986,496	4,183,930	5,110,524	4,048,520	4,293,432	24,622,902
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						137,692,512

12	Gross receipts from related activities, etc (See instructions)	12	11,690,412

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	73 260 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	67 950 %

16a **33 1/3% support test—2011.** 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% support test—2010.** 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—2011.** 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—2010.** 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 a 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 June 30, 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** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	164,527,048	165,227,832	177,031,678	175,071,693	
b Contributions	2,609,925	1,947,044	4,172,397	2,583,987	
c Investment earnings or losses	14,745,910	1,005,478	-13,170,758	2,618,950	
d Grants or scholarships					
e Other expenditures for facilities and programs	3,398,280	3,016,032	2,304,408	2,806,077	
f Administrative expenses	637,211	637,274	501,077	436,875	
g End of year balance	177,847,392	164,527,048	165,227,832	177,031,678	

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

- a Board designated or quasi-endowment ▶ 11 000 %
- b Permanent endowment ▶ 81 000 %
- c Term endowment ▶ 8 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,687,996		9,687,996
b Buildings		33,467,116	19,363,471	14,103,645
c Leasehold improvements				
d Equipment				
e Other		2,819,757	2,401,404	418,353
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,209,994

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	21,447,997	F
(B) MUTUAL FUNDS AND OTHER	43,518,473	F
(C) BONDS	25,122,784	F
(D) EQUITIES	57,696,882	F
(E) GOVERNMENT BONDS	4,397,626	F
(F) CERTIFICATES OF DEPOSIT	4,150,933	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	156,334,695	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	437,208
(2) DUE FROM RELATED PARTY	21,104,986
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	21,542,194

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,855,760
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,943,264
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	32,912,496
4	Net unrealized gains (losses) on investments	4	-15,509,276
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-15,509,276
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,403,220

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

1	Total revenue, gains, and other support per audited financial statements			1	40,007,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-15,509,276		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-338,652		
e	Add lines **2a** through **2d**			2e	-15,847,928
3	Subtract line **2e** from line **1**			3	55,855,760
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	55,855,760

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

1	Total expenses and losses per audited financial statements			1	22,604,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-338,652		
e	Add lines **2a** through **2d**			2e	-338,652
3	Subtract line **2e** from line **1**			3	22,943,264
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	22,943,264

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	EARNINGS FROM ENDOWMENT FUNDS ARE EXPENDED TO FUND THE ORGANIZATION'S PROGRAMS IN ACCORDANCE WITH THE ENDOWMENT'S PURPOSE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FEDERAL AND STATE INFORMATION RETURNS FOR YEARS PRIOR TO 2008 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES
		SCHEDULE D PART XII LINE 2D AMOUNT REPRESENTS EXPENSES REPORTED ON FORM 990 PAGE 9, LINE 10B COST OF GOODS SOLD $(49,344) PAGE 10, LINE 11F PORTFOLIO MANAGEMNT FEE $690,001 PAGE 10, LINE 24C BANK CUSTODIAL CHARGES $51,775 PAGE 10, LINE 24A ACTIVITY EXPENSES $(353,784)
		SCHEDULE D PART XIII LINE 2D AMOUNT REPRESENTS EXPENSES REPORTED ON FORM 990 PAGE 9, LINE 10B COST OF GOODS SOLD $(49,344) PAGE 10, LINE 11F PORTFOLIO MANAGEMNT FEE $690,001 PAGE 10, LINE 24C BANK CUSTODIAL CHARGES $51,775 PAGE 10, LINE 24A ACTIVITY EXPENSES $(353,784)

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
ASIA			EDUCATIONAL		1,000
EUROPE			EDUCATIONAL, CULTURAL, AND HUMANITARIAN		710,277
MIDDLE EAST AND NORTH AFRICA			EDUCATIONAL, CULTURAL, RELIGIOUS, AND HUMANITARIAN		497,500
NORTH AMERICA			EDUCATIONAL, AND CULTURAL		1,152,992
RUSSIA AND THE NEWLY INDEPENDENT STATES	1		EDUCATIONAL, AND CULTURAL	CAMP, PHILHARMONIC ORCHESTRA, YOUTH TOURS, INTERN PROGRAM, RELIGIOUS INSTITUTION AND HOSPITAL CONSTRUCTION, CHILDRENS CENTER	9,215,849
SOUTH AMERICA			EDUCATIONAL, CULTURAL, AND HUMANITARIAN		1,114,458
OCEANIA			CULTURAL		6,500
3a Sub-total	1	0			12,698,576
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	0			12,698,576

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 Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CULTURAL	RUSSIA AND NEWLY INDEPENDENT STATES	1	12,000	WIRE TRANSFER			
HUMANITARIAN	SOUTH AMERICA	1	9,000	WIRE TRANSFER			
EDUCATIONAL & HUMANITARIAN	MIDDLE EAST AND NORTH AMERICA	1	31,110	WIRE TRANSFER			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE AGBU CENTRAL BOARD REVIEWS AND MONITORS GRANT RECIPIENTS REQUESTING FINANCIAL REPORTING TO SUPPORT GRANT EXPENDITURES

Additional Data

Software ID:
Software Version:
EIN: 13-5600421
Name: ARMENIAN GENERAL BENEVOLENT UNION

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CULTURAL	28,000	WIRE TRANSFER			
		EUROPE	CULTURAL	66,543	WIRE TRANSFER			
		EUROPE	CULTURAL	63,800	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CULTURAL	408,390	WIRE TRANSFER			
		EUROPE	CULTURAL	7,977	WIRE TRANSFER			
		EUROPE	HUMANITARIAN	21,027	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EDUCATIONAL/HUMANITARIAN	381,046	WIRE TRANSFER			
		MIDDLE EAST & NORTH AFRICA	CULTURAL	6,000	WIRE TRANSFER			
		MIDDLE EAST & NORTH AFRICA	RELIGIOUS	22,170	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	EDUCATIONAL	20,000	WIRE TRANSFER			
		MIDDLE EAST & NORTH AFRICA	EDUCATIONAL	15,000	WIRE TRANSFER			
		MIDDLE EAST & NORTH AFRICA	EDUCATIONAL	7,000	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	EDUCATIONAL	127,592	WIRE TRANSFER			
		NORTH AMERICA	EDUCATIONAL	969,800	WIRE TRANSFER			
		NORTH AMERICA	CULTURAL	20,000	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CULTURAL	6,000	WIRE TRANSFER			
		OCEANIA	CULTURAL	6,500	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	RELIGIOUS	619,344	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEWLY INDEPENDENT STATES	EDUCATIONAL	303,000	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	CULTURAL	315,072	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	CULTURAL	175,680	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEWLY INDEPENDENT STATES	CULTURAL	275,000	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	RELIGIOUS	6,590,243	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	RELIGIOUS	738,593	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEWLY INDEPENDENT STATES	EDUCATIONAL	16,925	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	EDUCATIONAL	60,000	WIRE TRANSFER			
		RUSSIA AND NEWLY INDEPENDENT STATES	EDUCATIONAL	87,792	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATIONAL	581,147	WIRE TRANSFER			
		SOUTH AMERICA	CULTURAL	8,400	WIRE TRANSFER			
		SOUTH AMERICA	CULTURAL	8,200	WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	EDUCATIONAL	499,711	WIRE TRANSFER			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	3	21,500			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARSHIPS ARE PAID DIRECTLY TO THE INSTITUTION THAT THE RECIPIENT ATTENDS TO MAINTAIN ELIGIBILITY, STUDENTS MUST MAINTAIN CERTAIN GRADES AND SUBMIT AN APPLICATION, TRANSCRIPTS, AND FINANCIAL INFORMATION TO DETERMINE ELIGIBILITY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-5600421
Name: ARMENIAN GENERAL BENEVOLENT UNION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGBU MANOOGIAN-DEMIRDJIAN SCHOOL6844 OAKDALE AVENUE CANOGA PARK,CA 91306	95-3042495	501(C)3		296,202			EDUCATIONAL
AGBU VATCHE & TAMAR MANOUKIAN HIGH SCHOOL2495 E MOUNTAIN STREET PASADENA,CA 91104	95-3042495	501(C)3		105,000			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN UNIVERSITY OF ARMENIA CORPORATION LAKESIDE DR 13TH FLOOR OAKLAND,CA 94612	94-3140704			369,825			EDUCATIONAL
AMERICANS FOR ARTSAKH1334 G STREET NW SUITE 200 WASHINGTON,DC 20036	11-3708279			15,000			CULTURAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARMENIAN MIRROR-SPECTATOR755 MOUNT AUBURN STREET WATERTOWN,MA 02472	04-2103741			10,075			CULTURAL
BAIKAR ASSOCIATION INC 755 MOUNT AUBURN STREET WATERTOWN,MA 02472	04-2103741			8,837			TO BE DETERMINED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOSTON UNIVERSITY1 SIBER WAY BOSTON,MA 02215	04-2103547			7,000			EDUCATIONAL
CALIFORNIA UNIVERSITY 24700 MCBEAN PARKWAY VALENCIA,CA 91355	95-6102146			10,000			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA UNIVERSITY 116TH STREET BORADWAY NEW YORK, NY 10027	13-5598093			9,500			EDUCATIONAL
DAVID GEFFEN SCHOOL OF MEDECINE AT UCLA10833 LE CONTE AVENUE 12138 LOS ANGELES, CA 90095	95-6006143			6,500			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOG GREEN PRODUCTIONS51 WEST 81 STREET SUITE 4J WASHINGTON, DC 20009	26-1172074			70,000			CULTURAL
HOLY MARTYRS ARMENIAN DAY SCHOOL209-15 HORACE HARDING BLVD OAKLAND GARDENS, NY 11364	11-2492685			10,100			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAZDA PUBLISHERSPO BOX 2603 COSTA MESA,CA 92628	33-0841802			7,808			CULTURAL
NEW YORK UNIVERSITY70 WASHINGTON SQUARE SOUTH NEW YORK,NY 10012	13-5562308			15,000			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TCA ARSHAG DICKRANIAN ARMENIAN SCHOOL1200 N CAHUENGA BLVD LOS ANGELES,CA 90038	95-3671737			10,000			EDUCATIONAL
TRUSTEES OF TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE,MA 02144	04-2103634			11,000			EDUCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UC REGENTS DAVID GEFFEN SCHOOL OF MEDECINE AT UCLA 12-109 CHS BOX 957020 LOS ANGELES,CA 90095	95-6006143			6,000			EDUCATIONAL
UNITED ARMENIAN FUND 1101 N PACIFIC AVE SUITE 204 GLENDALE,CA 91202	95-4485698			11,000			HUMANITARIAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED NATIONS INTERNATIONAL SCHOOL24-50 FDR DRIVE NEW YORK, NY 10010	23-7098600			17,859			EDUCATIONAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN CHERKEZIAN	(i)	247,050	0	0	7,350	0	254,400	0
	(ii)	0	0	0	0	0	0	0
(2) ANI ANSERIAN	(i)	172,510	0	0	4,543	0	177,053	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	MEMBERS OF THE BOARD ARE RELATED AS FOLLOWS, TRUSTEES DO NOT HAVE VOTING RIGHTS VASKEN YACOUBIAN (DIRECTOR) - NEPHEW AND KARNIG YACOUBIAN (TRUSTEE)- UNCLE YERVANT DEMIRJIAN (DIRECTOR) - SON AND SARKIS DEMIRDJIAN (TRUSTEE) - FATHER RICHARD MANOOGIAN (TRUSTEE) AND LOUISE SIMONE (TRUSTEE) - SIBLINGS LEVON NAZARIAN (DIRECTOR) - SON AND NAZAR NAZARIAN (TRUSTEE) - FATHER
	FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON OF ARMENIAN EXTRACTION IN ANY PART OF THE WORLD WHO SUBSCRIBES TO THE PURPOSES OF THE ORGANIZATION, AGREES TO ABIDE BY THE CERTIFICATE OF INCORPORATION AND BY-LAWS IS ELIGIBLE TO BECOME A MEMBER
	FORM 990, PART VI, SECTION A, LINE 7A	A MEMBER WHO PAYS MEMBERSHIP DUES AND HAS BEEN A MEMBER FOR A PERIOD OF AT LEAST ONE YEAR IS ENTITLED TO VOTE AT ANY MEETING OF THE CHAPTER TO WHICH HE BELONGS AND TO HOLD OFFICE THEREIN
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE COMMITTEE OF THE ORGANIZATION REVIEWED A DRAFT OF THE 990 PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12	THE ORGANIZATION IS CURRENTLY DEVELOPING A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY FOR IMPLEMENTATION
	FORM 990, PART VI, SECTION B, LINE 15	MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE ARE NOT COMPENSATED COMPENSATION FOR TOP MANAGEMENT OFFICIALS IS DETERMINED BY THE EXECUTIVE COMMITTEE MEETINGS TO DISCUSS THE DETERMINATION OF COMPENSATION ARE DOCUMENTED
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDESTAR WEBSITE
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -15,509,276
AGBU WORLD WIDE ACTIVITIES		BACKGROUND THE ARMENIAN GENERAL BENEVOLENT UNION (AGBU) WAS FOUNDED IN 1906 IT IS THE OLDEST AND LARGEST ARMENIAN NON-PROFIT ORGANIZATION IN THE WORLD HEADQUARTERED IN NEW YORK CITY, IT MAINTAINS OPERATIONS IN 26 COUNTRIES, SPANNING 6 CONTINENTS IT CONCENTRATES ITS ACTIVITIES IN EDUCATIONAL, CULTURAL, HUMANITARIAN AND YOUTH PROGRAMS AND SERVES 400,000 ARMENIANS WORLDWIDE ANNUALLY WITH ITS OUTREACH PROGRAMS PROGRAMS AGBU EDUCATIONAL PROGRAMS ENCOMPASS SCHOOLS IN 12 COUNTRIES THESE PROGRAMS INCLUDE SATURDAY LANGUAGE SCHOOLS, FULLY ACCREDITED PROGRAMS IN THE U S FOR GRADES PRE-K THROUGH HIGH SCHOOL AND SCHOOLS ABROAD, AND THE AMERICAN UNIVERSITY OF ARMENIA IT HAS ACTIVE SCHOLARSHIP PROGRAMS FOR COLLEGE AND GRADUATE STUDENTS WORLDWIDE CULTURAL PROGRAMS INCLUDE SUPPORT OF ORCHESTRAS, DANCE ENSEMBLES, THEATER, ART, LITERARY AND MUSIC GROUPS AND EVENTS THROUGHOUT THE WORLD HUMANITARIAN PROGRAMS INCLUDE DINING CENTERS, MEDICAL FACILITIES, CHILDREN CENTERS AND SUPPORT OF RELIGIOUS PROGRAMS AND EDUCATION YOUTH PROGRAMS ENCOMPASS S DIVERSE RANGE OF ACTIVITIES THERE ARE 39 YOUNG PROFESSIONAL GROUPS WORLDWIDE AGBU SUPPORTS SUMMER INTERNSHIP PROGRAMS (NEW YORK, PARIS, YEREVAN AND MOSCOW) WHERE MULTI-NATIONAL YOUTH WORK IN SELECTED PROFESSIONS THE AGBU GENERATION NEXT PROGRAM PROVIDES MENTORING TO YOUTH IN SOUTHERN CALIFORNIA THERE ARE SUMMER CAMPS IN THE U S AND EUROPE, A CHESS PROGRAM IN ARMENIA, SPORTS TEAMS, ATHLETIC COMPETITIONS, AND SCOUTING PROGRAMS AROUND THE WORLD OVERSIGHT BY AGBU CENTRAL BOARD AGBU ENCOMPASSES A BROAD SCOPE OF OPERATIONS THE AGBU CENTRAL BOARD REVIEWS AND MONITORS ITS DISTRICTS, CHAPTERS AND SCHOOLS TO INSURE THEIR PROGRAMS AND OPERATIONS REMAIN RELEVANT AND PROPERLY SERVICE THE NEEDS OF THE LOCAL COMMUNITY WHILE ADHERING TO THE WELL-ESTABLISHED IDEALS AND PRINCIPALS OF CONDUCT OF AGBU FINANCIAL THE BASIC FORM 990 IS NOT REQUIRED TO REPORT REVENUES, EXPENSES AND ASSETS OF THE NON-US AGBU ENTITIES MANY OF THE NON-US AGBU DISTRICTS, CHAPTERS AND SCHOOLS GENERATE REVENUE TO SUSTAIN THEIR LOCAL OPERATIONS BY LOCAL FUNDRAISING, DONATIONS, GRANTS, TUITIONS, FEES AND OTHER INCOME

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARMENIAN GENERAL BENEVOLENT UNION

Employer identification number
13-5600421

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-5600421
Name: ARMENIAN GENERAL BENEVOLENT UNION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
AGBU MANOOGIAN-DEMIRDJIAN SCHOOL 6844 OAKDALE AVENUE CANOGA PARK, CA 91306 95-3042495	EDUCATIONAL	CA	501(C)(3)	509(A)(2)			No
AGBU VATCHE & TAMAR MANOUKIAN HIGH SCHOOL 2495 E MOUNTAIN STREET PASADENA, CA 91104 95-3042495	EDUCATIONAL	CA	501(C)(3)	509(A)(2)			No
AGBU ARMEN ONTARIO ZAROUKIAN SCHOOL 903 PROGRESS AVE SCARBOROUGH, ONTARIO M1G3T5 CA	EDUCATIONAL	CA					No
AGBU ECOLE ARMEN QUEBEC DE L'UGAB 755 RUE MANOOGIAN VILLE ST LAURANT, QUEBEC CA	EDUCATIONAL	CA					No
AGBU COLEGIO Y LICEO NUBARIAN-ALEX MANOOGIAN SCHOOL 2850 AVENDIA AGRACIADA MONTEVIDEO UY	EDUCATIONAL	UY					No
AGBU CORDOBA CHAPTER UGAB- AVENDIA PATRIA 921 5000 CORDOBA AR	CULTURAL	AR					No
AGBU DISTRICT COMMITTEE OF LEBANON DEMIRDJIAN CENTER AUTOSTRADE DBAYE ANTELIAS LE	EDUCATIONAL, CULTURAL & HUMANITARIAN	LE					No
AGBU MONTREAL CHAPTER 805 RUE MANOOGIAN VILLE ST LAURANT H4N1Z5 CA	CULTURAL	CA					No
AGBU SYDNEY CHAPTER 2 YEO STREET NEUTRAL BAY NSW2089 AU	CULTURAL	AU					No
AGBU VIENNA CHAPTER KOLONITZGASSE 11/13 VIENNA A-1030 AU	CULTURAL	AU					No
AGBU PAREKORDZAGAN PLOVDIV 158 6TH IX BLVD 4TH FLR APT 16 PLOVDIV BU	CULTURAL	BU					No
AGBU PAREKORDZAGAN SOFIA 60 YARLOSLAV VECHIN STR BL 9 APT SOFIA 1407 BU	CULTURAL	BU					No
AGBU IRAQ AL RIAD AVENUE 910 BLDG 4 ROAD BAGHDAD IZ	HUMANITARIAN	IZ					No
AGBU NICOSIA CHAPTER LIMASSOL ROAD PO BOX 21807 PLATI AGLANTZIA CY-1514 CY	CULTURAL	CY					No
AGBU OFFICE PROJECTS - YEREVAN 9 ALEX MANOOGIAN STREET YEREVAN AM	EDUCATIONAL, CULTURAL & HUMANITARIAN	AM					No
UNION GENERAL ARMENIA DE BENEFICENCIA ARMENIA 1322 1414 BUENOS AIRES AR	EDUCATIONAL	AR					No
UNION GENERALE ARMENIENNE DE BIENFAISANCE (FRANCE) 11 SQUARE ALBONI PARIS FR	EDUCATIONAL, CULTURAL & HUMANITARIAN	FR					No
AGBU VIRTUAL COLLEGE 9 ALEX MANOOGIAN STREET YEREVAN AM	EDUCATIONAL	AM					No
AGBU YEREVAN OFFICE 9 ALEX MANOOGIAN STREET YEREVAN AM	EDUCATIONAL, CULTURAL & HUMANITARIAN	AM					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	AGBU MANOOGIAN-DEMIRDJIAN SCHOOL	B	296,202	APPROVED BUDGET
(2)	AGBU VATCHE & TAMAR MANOUKIAN HIGH SCHOOL	B	105,000	APPROVED BUDGET
(3)	AGBU ARMEN ONTARIOZAROUKIAN SCHOOL	B	127,592	APPROVED BUDGET
(4)	AGBU ECOLE ARMEN QUEBEC DE L'UGAB	B	969,800	APPROVED BUDGET
(5)	AGBU COLEGIO Y LICEO NUBARIAN-ALEX MANOOGIAN	B	581,147	APPROVED BUDGET
(6)	AGBU CORDOBA CHAPTER	B	8,400	APPROVED BUDGET
(7)	AGBU DISTRICT COMMITTEE OF LEBANON	B	381,046	APPROVED BUDGET
(8)	AGBU MONTREAL CHAPTER	B	20,000	APPROVED BUDGET
(9)	AGBU SYDNEY CHAPTER	B	6,500	APPROVED BUDGET
(10)	AGBU VIENNA CHAPTER	B	28,000	APPROVED BUDGET
(11)	AGBU PAREKORDZAGAN PLOVDIV	B	66,543	APPROVED BUDGET
(12)	AGBU PAREKORDZAGAN SOFIA	B	63,800	APPROVED BUDGET
(13)	AGBU IRAQ	B	6,000	APPROVED BUDGET
(14)	AGBU NICOSIA CHAPTER	B	8,200	APPROVED BUDGET
(15)	AGBU OFFICE PROJECTS-YEREVAN	B	619,344	APPROVED BUDGET
(16)	UNION GENERAL ARMENIA DE BENEFICENCIA	B	499,711	APPROVED BUDGET
(17)	UNION GENERALE ARMENIENNE DE BIENFAISANCE (FRANCE)	B	408,390	APPROVED BUDGET
(18)	AGBU VIRTUAL COLLEGE	B	263,000	APPROVED BUDGET
(19)	AGBU YEREVAN OFFICE	B	315,072	APPROVED BUDGET

Additional Data

Software ID:
Software Version:
EIN: 13-5600421
Name: ARMENIAN GENERAL BENEVOLENT UNION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,332,755 including grants of $ 4,332,755) (Revenue $)
RELIGIOUS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HIS HOLINESS KAREKIN II HONORARY MEMBER	5 00	X						0	0	0
BERGE SETRAKIAN PRESIDENT	5 00	X		X				0	0	0
SINAN SINANIAN VICE PRESIDENT	5 00	X		X				0	0	0
SAM SIMONIAN TREASURER	5 00	X		X				0	0	0
YERVANT DEMIRJIAN ASSISTANT TREASURER	5 00	X		X				0	0	0
BERGE PAPAZIAN SECRETARY	5 00	X		X				0	0	0
SARKIS JEBEJIAN ASSISTANT SECRETARY	5 00	X		X				0	0	0
MMICHAEL ANSOUR MEMBER	5 00	X						0	0	0
CAROL BAGDASARIAN ASLANIAN MEMBER	5 00	X						0	0	0
JOSEPH BASRALIAN MEMBER	5 00	X						0	0	0
NAZERETH FESTEKJIAN MEMBER	5 00	X						0	0	0
ARDA NAZERIAN HARATUNIAN MEMBER	5 00	X						0	0	0
LEVON NAZARIAN MEMBER	5 00	X						0	0	0
JOSEPH OUGHOURLIAN MEMBER	5 00	X						0	0	0
DICKRAN TEVRIZIAN MEMBER	5 00	X						0	0	0
YERVANT ZORIAN MEMBER	5 00	X						0	0	0
ARIS ATAMIAN MEMBER	5 00	X						0	0	0
RUBEN KECHICHIAN MEMBER	5 00	X						0	0	0
VAHE GABRACHE MEMBER	5 00	X						0	0	0
VASKEN YACOUBIAN MEMBER	5 00	X						0	0	0
LOUISE MANOOGIAN SIMONE TRUSTEE	5 00	X						0	0	0
RICHARD MANOOGIAN TRUSTEE	5 00	X						0	0	0
NAZAR NAZARIAN TRUSTEE	5 00	X						0	0	0
SARKIS DEMIRDJIAN TRUSTEE	5 00	X						0	0	0
KARNIG YACOUBIAN TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN CHERKEZIAN CHIEF OPERATING OFFICER	40 00					X		247,050	0	7,350
ANI ANSERIAN DIRECTOR- PROGRAMS	40 00					X		172,510	0	4,543
ARTOUN HAMALIAN DIRECTOR- EDUCATION	40 00					X		111,233	0	3,079
VAHE KILJIAN FINANCIAL CONTROLLER	40 00					X		109,750	0	3,114