#### PRICE, PAIGE AND COMPANY 677 SCOTT AVENUE CLOVIS, CA 93612 (559) 299-9540

February 2, 2011

Armenian Technology Group, Inc. PO Box 5969 Fresno, CA 93755

Dear Client:

Enclosed is your 2009 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before March 15, 2011 to:

#### DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Enclosed is your 2009 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the California return on or before April 15, 2011 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by March 15, 2011. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before March 15, 2011 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Fausto Hinojosa, CPA, CFE

## Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form. may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

А	For	tne 2009 ca	lendar	year, or tax yea	r beginning	5/01	, 2009	, and er	iding	4/30			, 2010
B	Check	k if applicable:		С							D Emp	oloyer i	dentification number
	Addre		Please use IRS	Armenian '	rechnology	Group,	Inc.				77	7-03	16548
	Name	change	label or print or	PO Box 59			-				E Tele		
	Initial		type.	Fresno, C									
	Termi	ination	See Specific		· <del></del>						55	9-4	24-1000
	Amen	ided return	Instruc-								F Gro	up F	xemption
		cation pending	tions.								Nur	nber.	<b>&gt;</b>
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		- <i>Section</i> 5 m	ust atta	o) viganizacions ach a completed	Schedule A (F)	orm 990 or	charitable trusts 990-EZ).		II .	her (spec		∟	] 2301. [] , 1001.001
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				only one) $-X = 5$	31/6) / 2 ) =	(inport no.)	4947(a)(1) or	527	99	90-EZ, or	990-PF	).	adio D (FOITH 330,
							ting organization						mat mara the-
K		ck ►if	ine org	anization is not z or Form 990 rot	a section 509(a	パる)support	ting organization organization choos	and Its	gross i	receipts a	re norr	nally	not more than
					*********************************						e to lile	a cor	inhiera terniti
L	Add	lines 5b, 6l	b, and	7b, to line 9 to c	letermine gross	receipts; if	\$500,000 or more	e, file F	orm 99	90		<b>.</b> A	200 214
S-11200	ınste	ead of Form	1 990-E	<u> </u>			······································				· · · · · ·	<u>► \$</u>	296,214.
Pa	art l				·····	•	sets or Fund					ction	
	1			· -							-	1	239,504.
	2						ontracts					2	56,167.
	3	Members	hip due	s and assessme	nts						[	3	
	4	Investmei	nt incor	me							[	4	19.
	5										100		
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	7	<b>a</b> Gross sal	les of in	nventory, less re	turns and allowa	ances		7 a					
		<b>b</b> Less: cos	t of god	ods sold				7 b					
							7b from line 7a).				]	7с	
	8	Other reveni	ue (descr	ribe► See St	atement 1						)[	8	524.
	9					nd 8					- ▶	9	296,214.
	10											10	~ J U / ~ 1 · 1 ·
	1			•	•								
Ē	11	-									-	11	C1 04F
P	12			•								12	61,045.
EXPERSE	13				•		actors					13	18,896.
S	14	•									⊢	14	14,640.
S	15											15	10,299.
	16											16	184,010.
	17											17	288,890.
	18	Excess of	r (defici	it) for the year (	Subtract line 17	from line 9	)				[	18	7,324.
A	19		•	, , ,			27, column (A))				100		
N S E E T T	19	figure ren	orted o	nu paiances at t on prior vear's re	eturn)	i (iroin iire	27, COIUMH (A))	(must a	yree w	nur enu-o	i-yeai	19	488,238.
ŦĘ	20	- ,			•		nation)				<b>-</b>	20	200,200.
Ś	21						18 through 20					21	495,562.
D.	art II							_					
T.	aitil	ı   Dala	iiice 3				(B) are \$1,250,00	or mc					
					structions for Pa				(A) I	Beginning			(B) End of year
22									-		, 348.		119,843.
23	3 La	and and buil	Idings.								,723.		200,603.
24	1 0	ther assets	(descri	be ► <u>See St</u>	catement 3		)				, 655.		204,071.
25	5 To	otal assets.									,726.		524,517.
26	5 To	otal liabilitie	es (des	cribe ► <u>See</u> :	Statement	4	)			18,	,488.	26	28,955.
27							with line 21)				, 238.		495,562.

	<u> 1990-EZ (2009) Armenian Techno</u>			7	7-031	L6548	Page 2
Par	t III Statement of Program Sei	rvice Accomplishments	(See the instruction	ons.)		Expens	es
What i	s the organization's primary exempt purpose? See	e Statement 5	*	•	(Reg	uired for se c)(3) and (4 nizations ar (a)(1) trusts	ction
Desc	ribe what was achieved in carrying out th	e organization's exempt pure	oses. In a clear and co	ncise manner	501 (c	c)(3) and (4 nizations an	) id section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, or other	relevant information for	each	4947	(a)(1) trusts	; optional
	ram title.				for o	thérs.)	
28	See Statement 6						
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here	<b>-</b>	∏ 28 a		28,850.
29					1		
		BONS 2000 SAME SAME SAME SAME SAME SAME SAME SAME			+		
					4		
					- I		
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		29a		
30			···				
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		30 a		
31	Other program services (attach schedule	e)					
		iis amount includes foreign gi			31 a		
	Total program service expenses (add li	nes 28a through 31a)			32		28,850.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not co	mpens	ated. (See t	he instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contribution	ns to		se account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pl	ans and	and other	allowances
	and the same that the same to	to position		deferred compen	sation		
<u>See</u>	Statement 7		28,850.		0.		0.
		1					
		1					
		1					
		1	-			1	

Form 990-EZ (2009) Armenian Technology Group, Inc.

77-0316548

Pa	rt v   Other Information (Note the statement requirements in the instrictor Part V.) See St	ateme		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
	each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		_X_
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice	Wichardonosten	**************************************	129801041140004000
•	reporting, and proxy tax requirements?	35 a		Χ
1	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
50	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37 b		Х
38	<b>a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
50	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	.,	Χ
	<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved			
39	Section 501(c)(7) organizations. Enter:			
;	a Initiation fees and capital contributions included on line 9			
İ	<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958   0.	-		
4	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
		-		
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	14040814980100	Χ
	List the states with which a copy of this return is filed ► <u>CA</u>			
42	a The organization's			
	books are in care of ► Varoujan Der Simonian Telephone no. ► 559-2	24-1	000	
	Located at ► 1300 E. Shaw, Ste. 131 ZIP + 4 ► 93710			
		[	Yes	No
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X	
	If 'Yes,' enter the name of the foreign country: > Armenia and Artsakh			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	Х	TORSENS ASSESSED.
	If 'Yes,' enter the name of the foreign country: > Armenia and Artsakh	- TAN 0		
	ADDITION OF THE PROPERTY OF TH			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		<b>▶</b> □	N/A
. •	and enter the amount of tax-exempt interest received or accrued during the tax year		L	N/A
	To a solution of the state of t			,
		r	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			-
. ,	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ.	45		X

	501(c)(3) ( 46-49b an	organizations and sec d complete the tables	tion 4947(a)(1) nor for lines 50 and 5	nexempt charital 1.	ble trusts must answei	r questio	ns	
46 Did t	he organization	engage in direct or indirec Yes,' complete Schedule C	t political campaign ac	tivities on behalf of	or in opposition to candidat	es 46	Yes	No X
		engage in lobbying activitie						X
	<del>-</del>	school as described in sec	•					X
	=					1		X
	<del>-</del>	make any transfers to an e	,	•		-		
DITYE	es, was the rela	ted organization a section	527 organization?			49b		
50 Com empl	plete this table loyees) who eac	for the organization's five h	,000 of compensation	from the organization	on. If there is none, enter 'N	es and key lone.'		
(a	) Name and address more than	of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	s
None_	ALEXA PART NAME AND PART AND ADDRESS AND A							
f T-1-1	1	er employees paid over \$10	20,000					
51 Com	pensation from	for the organization's five hathe organization. If there is address of each independent contra	none, enter 'None.'	ndependent contract	ors who each received mor	e than \$10 (c) Comp		
None	(a) Name and	address of each independent contra	ctor paid more than \$100,000		(b) Type of service	(c) Com		11
TOTIE -								
				THE STORY STORE WINDS STORE WHILE STORE				
		***************************************						
					***************************************			
<b>d</b> Tota	I number of other	er independent contractors	each receiving over \$1	100,000	***************************************			
	Under penalties of true, correct, and	perjury, I declare that I have examin complete. Declaration of preparer (of	ned this return, including accor her than officer) is based on a	mpanying schedules and st ill information of which pre	latements, and to the best of my kno parer has any knowledge.	wledge and be	elief, it is	5
					1			
Sign Here	Signature of o	fficer			Date			
	Type or print	name and title.		***************************************				
Paid	Preparer's		GD3 GD9	Date		eparer's Identi	fying Nu	mber
Pre-	signature	Fausto Hinojosa,			employed ► N	/A		
parer's	Firm's name (or yours if self-	Price, Paige and						
Use	employed), address, and	677 Scott Avenue	***************************************			N/A		
Only	ZIP + 4	Clovis, CA 93612	MANAGE		Phone no. ► (559		<u>9540</u>	)
	RS discuss this	return with the preparer sho	own above? See instru	ctions		►X Yes		No
BAA						Form 99	)-F7	(2009)

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

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

Open to Public Inspection

Employer identification number Armenian Technology Group, Inc. 77-0316548 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III- Other Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? ..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (iv) Is the organization in col. (v) Did you notify the organization in col. (i) of (ii) EIN (iii) Type of organization (vi) Is the organization in col. (vii) Amount of Support (described on lines 1-9 above or IRC section (i) listed in your governing document? (i) organized in the U.S.? (see instructions)) your support? Yes No Yes No Yes No Total

Schedule A (Form 990 or 990-EZ) 2009 Armenian Technology Group, Inc. 77-0316548 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ' Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . . Total. Add lines 1-through 3... 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)... Public support. Subtract line 5 from line 4..... Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **7** Amounts from line 4..... Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources. . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)..... Total support. Add lines 7 through 10...... Gross receipts from related activities, etc. (see instructions) ...... 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)...... 14 % Public support percentage from 2008 Schedule A, Part II, line 14..... % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the 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 - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... 17a 10%-facts-and-circumstances test - 2009 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......

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.....

**b 10%-facts-and-circumstances test** — **2008.** 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.

## Schedule A (Form 990 or 990-EZ) 2009 Armenian Technology Group, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in) ►	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	487,465.	519,058.	1,640,309.	261,099.	239,504.	3,147,435.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt				·		
3	purpose						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	<b>Total.</b> Add lines 1 through 5	487,465.	519,058.	1,640,309.	261,099.	239,504.	3,147,435.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.					
	year	***************************************	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
<u></u>	7c from line 6.)						3,147,435.
Sec	tion B. Total Support						
0 - L-	and a second configuration to the second configuration to	(1) 0005	41.0006	4 > 0007	4 10 0000		
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	487,465.	519,058.	1,640,309.	261,099.	239,504.	3,147,435.
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	487,465. 278.	519,058. 1,747.	1,640,309. 5,446.	261,099. 134.	239,504.	3,147,435. 7,624.
9 10 a	Amounts from line 6	487,465.	519,058.	1,640,309.	261,099.	239,504.	3,147,435. 7,624. 0. 7,624.
9 10 a b	Amounts from line 6	487,465. 278.	519,058. 1,747.	1,640,309. 5,446.	261,099. 134.	239,504.	3,147,435. 7,624.
9 10 a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in	487,465. 278.	519,058. 1,747.	1,640,309. 5,446.	261,099. 134.	239,504.	3,147,435. 7,624. 0. 7,624.
9 10 a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990	278. 278.	519,058.  1,747.  1,747.	5,446.	261, 099.  134.	19.	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.
9 10 a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	278. 278.	519,058.  1,747.  1,747.	5,446.	261, 099.  134.	19.	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.
9 10 a b c 11 12 13 14 Sec	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	278.  278.  278.  is for the organizatop hereblic Support P	519,058.  1,747.  1,747.  ation's first, seconercentage	5,446. 5,446.	261, 099.  134.  134.  or fifth tax year as	19. 19.	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	278.  278.  278.  is for the organize stop here	1,747.  1,747.  1,747.  ation's first, seconercentage of (f) divided by lir	5,446. 5,446. 5,446.	261, 099.  134.  134.  or fifth tax year as	19.  19.  19.  15	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)  99.8%
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from	is for the organizatop here	1,747.  1,747.  1,747.  ation's first, seconercentage of (f) divided by lir	5,446. 5,446. 5,446.	261, 099.  134.  134.  or fifth tax year as	19.  19.  19.  15	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from tion D. Computation of Inv	278.  278.  278.  is for the organizatop here  blic Support P 009 (line 8, column 2008 Schedule A, restment Incor	1,747.  1,747.  1,747.  ation's first, seconercentage (f) divided by lir Part III, line 15. ne Percentage	5,446. 5,446. 5,446.	261, 099.  134.  134.  pr fifth tax year as	19.  19.  19.  15.  15.	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)  99.8%  96.8%
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the support percentage from the computation of Inv Investment income percentage f	is for the organizatop here	1,747.  1,747.  1,747.  1,747.  ation's first, seconercentage of (f) divided by line Percentage column (f) divided	5,446. 5,446. 5,446. 10,309.	261, 099.  134.  134.  or fifth tax year as	19.  19.  19.  15.  16.  17	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)  99.8%  96.8%  0.2%
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lns 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from thousand tion D. Computation of Investment income percentage f	is for the organizatop here	1,747.  1,747.  1,747.  1,747.  ation's first, seconercentage of (f) divided by line Part III, line 15. one Percentage column (f) divided by A, Part III, line	5,446. 5,446. 5,446. 10,000 third, fourth, one 13, column (f)) 11,000 third by line 13, column 17	261, 099.  134.  134.  per fifth tax year as	19.  19.  19.  19.  17.  18	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)  99.8%  96.8%  0.2%  0.4%
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the support percentage from the computation of Inv Investment income percentage f	is for the organization did not once and stop here	1,747.  1,747.  1,747.  1,747.  1,747.  ercentage  (f) divided by lir  Part III, line 15.  ne Percentage  column (f) divide  le A, Part III, line check the box on The organization d not check a box	1, 640, 309.  5, 446.  5, 446.  5, 446.  10, 446.  11, 640, 309.  12, 446.  13, 446.  14, 446.  15, 446.	261, 099.  134.  134.  or fifth tax year as more than 33-1/3 iblicly supported to a and line 16 is not a supported to a and line 16 is not a supported to a	239, 504.  19.  19.  19.  17.  18.  18, and line 17 is no organization	3,147,435.  7,624.  0.  7,624.  0.  3,155,059.  (3)  99.8%  96.8%  0.2%  0.4%  t

Schedule A	(Form	990 or	990-E.	Z) 2009	Ar	menian	Tec	hnol	ogy	Group	), I	Inc.		77	7-031	6548		Page 4
Part IV	Supp	lemer	ntal Ir	ıforma	tion.	Comple	te thi	is part	t to j	provide	the	explan	ations	require	ed by	Part II	, line 10	D;
***************************************	rait	11, III IE	1/a	01 170	, allu	ran III	, mie	12. P	TOVI	de any	Otne	er addit	ionai in	tormai	ion. S	see ins	struction	ns. 
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											MANUAL SCHOOL							

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number
Armenian Technology Group	o, Inc.	77-0316548
Organization type (check one):		•
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) of	organization
	4947(a)(1) nonexempt charitable 527 political organization	e trust <b>not</b> treated as a private foundation
Form 990-PF	501(c)(3) exempt private founda	tion
	4947(a)(1) nonexempt charitable	e trust treated as a private foundation
	501(c)(3) taxable private founda	tion
Check if your organization is covered by <b>Note:</b> Only a section 501(c)(7), (8), or (1	the <b>General Rule</b> or a <b>Special Rule</b> . 10) organization can check boxes for both th	e General Rule and a Special Rule. See instructions.
General Rule –		
X For an organization filing Form 990, contributor. (Complete Parts I and II	990-EZ, or 990-PF that received, during the .)	year, \$5,000 or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received fr	filing Form 990 or 990-EZ, that met the 33-rom any one contributor, during the year, a contrine 1h or (ii) Form 990-EZ, line 1. Complete	I/3% support test of the regulations under sections bution of the greater of (1) \$5,000 or (2) 2% of the Parts I and II.
For a section 501(c)(7), (8), or (10) or aggregate contributions of more than prevention of cruelty to children or a	n \$1.000 for use <i>exclusively</i> for religious, cha	received from any one contributor, during the year, aritable, scientific, literary, or educational purposes, or the
contributions for use <i>exclusively</i> for this box is checked, enter here the to	religious, charitable, etc, purposes, but these otal contributions that were received during	received from any one contributor, during the year, e contributions did not aggregate to more than \$1,000. If the year for an exclusively religious, charitable, etc, is organization because it received nonexclusively
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	<b>&gt;</b> \$
990-PF) but it <b>must</b> answer 'No' on Part	ered by the General Rule and/or the Special IV, line 2 of their Form 990, or check the bo the filing requirements of Schedule B (Form	Rules does not file Schedule B (Form 990, 990-EZ, or ox on line H of its Form 990-EZ, or on line 2 of its Form 990, 990-EZ, or 990-PF).
BAA For Privacy Act and Paperwork R for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule	R	(Form	990	990.F7	or 990-PF)	(2009)	
Scriedule		(FOHII	220,	330-EZ,	01 330-61)	(2009)	ř

of Part I

Name of organization

Page 1 of 1
Employer identification number

rmenian	Technology	Group,	Inc.	77-0316548

Parti	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Lincy Foundation  150 South Rodeo Dr. Suite 250  Beverly Hills, CA 90212,	\$100,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Adrian & Valerie Parsegian  3935 Legation St., N.W.  Washington, DC 20015	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
***************************************		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of 1

of Part II

Name of organization
Armenian Technology Group, Inc.

Employer identification number

77-0316548

Part II Noncash Property (see instructions.
---

(a) No. from Part I	(b) Description of noncash property giv	en (c) FMV (or estimate (see instructions	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property giv	ren (c) FMV (or estimate (see instruction	(d) Date received
biline control of the			
		\$\$	
(a) No. from Part I	(b) Description of noncash property giv	ren (c) FMV (or estimat (see instruction	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property giv	ren (c) FMV (or estimate (see instructions	(d) e) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property giv	ren FMV (or estimat (see instruction:	(d) e) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property giv	ren (c) FMV (or estimat (see instruction	e) (d) Date received
		\$	

Armenian Technology Group, Inc.

Employer identification number

77-031<u>6548</u> Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)

or organizations completing Part III, enter ontributions of <b>\$1,000 or less</b> for the year.  (b)	(Enter this information once –	see instructi	one \ • d M/		
Durnoco of gift	(c)		(d)		
Purpose of gift	Use of gift		Description of how gift is held		
I/A					
	(e)				
Transferee's name, addres		Rela	ationship of transferor to transferee		
(b)	(c)		(d)		
Purpose of gift	use of gift		Description of how gift is held		
Transferee's name, addres	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Transferee's name, addres	Rela	ationship of transferor to transferee			
	•		•		
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
	Transferee's name, addres  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, addres  (b) Purpose of gift  (b) Purpose of gift	(e) Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (h) Use of gift	(e) Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (e) Transfer of gift  Relation  (b) Purpose of gift  (c) Use of gift  Relation  (d) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation  (e) Transfer of gift  (e) Transfer of gift  Use of gift  (f) Use of gift  (h) Use of gift		

2009	Federal Statements		Page 1
Client FH135	Armenian Technology Group, Inc.		77-0316548
2/02/11  Statement 1 Form 990-EZ, Part I, Other Revenue  Miscellaneous	Line 8	\$ Total <u>\$</u>	10:26AM 524. 524.
Gain/Loss on Cur Insurance	Line 16  rency Exchange.  rgo ment  opment		13,036. -560. 4,541. 257. 700. -9,700. 15,705. 76,075. 75,576. 738. 7,642. 184,010.
Statement 3 Form 990-EZ, Part II, Other Assets	Line 24		
Automobiles Furniture and Fi Inventories Machinery and Eq	ble xtures uipment and Deferred Charges Total	8,954. 8,870. 57,167. 127,027. 6,842.	### Ending  4,113.  700.  4,619.  66,207.  121,587.  6,845.  204,071.
Statement 4 Form 990-EZ, Part II, Total Liabilities	Line 26		
Accounts Payable Deferred Compens	and Accrued Expenses	\$ 18,488. \$ 0.	Ending 22,955. 6,000. 28,955.

### 2009 Federal Statements Page 2

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

The Armenian Technology Group (ATG) is dedicated to helping guide the Republic of Armenia toward food and agricultural self-sufficiency.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Provided technical assistance and supervision for receipt, planting, management, harvest and certification of wheat, forage and vegetable seeds for use by private sector farmers and education through farm-extension programs in Armenia and Nagorno-Karabagh.

## Statement 7 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	
Alan Asadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Vatche Soghomonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Rose Kachadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Dr. Margit Hazarabedian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Secretary 2.00	0.	0.	0.
Von Bedikian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Serop Samurkashian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Vice President 2.00	0.	0.	0.
Zareh Misserlian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.

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Z	U	u	7

### **Federal Statements**

Page 3

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted		Contri- bution to EBP & DC	
Dr. Hagop Tookoian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Treasurer 3.00	\$ 0.	\$ 0.	\$ 0.
James Lanas 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Dr. James P. Reynolds 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	President 2.00	0.	0.	0.
Dr. Jack Morse 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Varoujan Der Simonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Exec Director 60.00	28,850.	0.	0.
Nubar Tashjian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Michael Sarabian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
	Total	\$ 28,850.	\$ 0.	\$ 0.

#### Statement 8 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

## Form **8868** (Rev April 2009)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

File a separate application for each return.

internal Revenue	Service		i ile a separate application	i ioi eacii ietuiii.			
If you are	filing for an A	Automatic 3-Month	Extension, complete only Part I	and check this box			► X
			omatic) 3-Month Extension, com				ت
			dy been granted an automatic 3				
PARTICIPATION OF THE PARTICIPA			ion of Time. Only submit o				
A corporation	required to fi	le Form 990-T and	requesting an automatic 6-mont	h extension — check	this hox and	complete Part Lo	nlv ▶ □
All other corp	oorations (incl		, partnerships, REMICS, and tru				
income tax re							
FOILE 220-1.	msteau, vou n	nosi suorna me iua	ectronically file Form 8868 if you on required to file Form 990-T). It ion or (2) you file Forms 990-BL, y completed and signed page 2 e-file for Charities & Nonprofits.	u want a 3-month aut However, you cannot , 6069, or 8870, group (Part II) of Form 8868	omatic extend file Form 886 o returns, or a s. For more d	sion of time to file 58 electronically if a composite or co letails on the elect	one of the (1) you want nsolidated tronic filing of
	Name of Exempt	Organization		***************************************		Employer identificati	on number
Type or							
print	Armenian	Technology	Group, Inc.			77-0316548	
File by the due date for	Number, street, a	nd room or suite number.	If a P.O. box, see instructions.				******
filing your return. See	PO Box 5	969					
instructions.	City, town or post	office, state, and ZIP cod	e. For a foreign address, see instructions.				
	Fresno,	CA 93755					
Check type o	f return to be	filed (file a separa	e application for each return):		*****		
X Form 990		· · · · · ·	Form 990-T (corporation)		Form 47	20	
Form 990	)-BL		Form 990-T (section 401(a) or	408(a) trust)	Form 52		
Form 990	)-EZ		Form 990-T (trust other than a		Form 60		
Form 990			Form 1041-A		Form 88		
● If the orga ● If this is f check this the exten  1 I reques until 1 The ext ▶ X	anization does or a Group Re s box. ► sion will cover st an automati .2/15 ension is for t calendar year tax year begin	s not have an office eturn, enter the org . If it is for part of the control of the control of the control of the organization of the control	, 20 _09, and ending	and attach a list with all strong str	the names a sision of time amed above.	f this is for the wh and EINs of all me	ole group, embers
	-	ess than 12 month				Change in account	ing period
nonrefu	ndable credits	s. See instructions.	0-PF, 990-T, 4720, or 6069, ente			3a \$	0.
<b>b</b> If this a made. I	pplication is for nclude any pr	or Form 990-PF or ior year overpayme	990-T, enter any refundable cred nt allowed as a credit	lits and estimated tax	payments	3b \$	0.
deposit	with FTD coup	pon or, if required,	3a. Include your payment with th by using EFTPS (Electronic Fed	eral Tax Pavment Svs	stem).	3c \$	0.
Caution. If yo payment inst	ou are going to ructions.	make an electron	c fund withdrawal with this Form	n 8868, see Form 845	3-EO and Fo	rm 8879-EO for	
BAA For Priv	vacy Act and	Paperwork Reduct	on Act Notice, see instructions.			Form <b>8868</b>	(Rev. 4-2009)

Form 8868	(Rev 4-2009)		Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II and check t	his box ▶ 🏋
Note. Only	complete Part II if you have already been granted an automatic 3-month external	ension on a previous	
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only		(no copies needed).
***************************************	Name of Exempt Organization		Employer identification number
_			
Type or print	Armenian Technology Group, Inc.		77-0316548
p	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
File by the extended	Price Paige and Company		•
due date for filing the	Price, Paige and Company 677 Scott Avenue		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
mstructions.	Clovis, CA 93612		
Chack type	e of return to be filed (File a separate application for each return):		
X Form 9		Form 1041-A	Form 6069
Form 9		Form 4720	Form 8870
Form 9		Form 5227	FOIII 8870
			and form 9969
	not complete Part II if you were not already granted an automatic 3-month e	•	ously filed Form 8868.
	oks are in care of. Varoujan Der Simonian		
•	one No. ► <u>559-224-1000</u> FAX No. ►		_ []
	organization does not have an office or place of business in the United States		
• If this i	s for a Group Return, enter the organization's four digit Group Exemption Nur	mber (GEN)	If this is for the
	ıp, check this box $lacktriangle$ $$ . If it is for part of the group, check this box $lacktriangle$ $$	and attach a list wi	th the names and EINs of all
	he extension is for.		
<b>4</b> Frequ	uest an additional 3-month extension of time until $\_3/15\_\_\_$ , 20 $\_$	L <u>1</u> .	
<b>5</b> For c	alendar year , or other tax year beginning $_{5/01}$ , 20 s tax year is for less than 12 months, check reason:	_0_9 , and ending _	4/30, 20_10.
7 State	in detail why you need the extension <u>Awaiting further info</u>	<u>rmation to c</u>	<u>omplete tax return.</u>
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent efundable credits. See instructions.		8a \$
<b>b</b> If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable on the made. Include any prior year overpayment allowed as a credit and any second to the contract of the made in the contract of	redits and estimate	d tax
with l	Form 8868		8b \$
c Balaı with l	nce Due. Subtract line 8b from line 8a. Include your payment with this form, of FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, depos System). See instr	sit s 8c\$
	Signature and Verificatio	n	
Under penaltic correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statement omplete, and that I am authorized to prepare this form.	s, and to the best of my kr	
Signature <b>&gt;</b>	JS12 Title CPA		Date > 12/2/10
ВАА	FIFZ0502L 03/11/09		Form <b>8868</b> (Rev 4-2009)
<b>₩</b> /3/7	1 11 200026 03/11/09		1 01111 0000 (1107 4-2003)

# TAXABLE YEAR California Exempt Organization Annual Information Return

FORM

199

Calendar ye	ar 2009 o	r fiscal year begi	nning month 05	day 01	year 20	09 , and e	ending month 04	da	ay 30	year 2010
A First Retu	rn Filed?	Yes	B Type of organization	Exempt	under Section 2	23701 D	(insert letter)	(	CORP #	
		X No		IRC Sect	ion 4947(a)(1)	trust			1523452	
Corporation/Org	janization Nai	ne						ı	EIN	
ARMENIA	N TECH	NOLOGY GRO	UP, INC.					-	77-0316	548
Address			•					•		
РО ВОХ	5969									
City								S	tate ZIP Code	9
FRESNO,	CA 93	755								
			• Yes	X No	со	ntributions, cł	heck box. See General In	struction	η <b>F</b> .	
		'affiliate in a group e	<del>  </del>	X No	l No	filing fee is r	required			<del></del>
<b>a</b> Is this a	a aroup filina	for affiliates?			H Ac	counting meth	nod used 1 🗌 Cas	sh :	2 X Accrual	3 Other
See Ger	neral Instruct	ion L	• Yes	X No	l If	exempt under	R&TC Section 23701d, I	nas the	organization du	iring the year:
<b>b</b> If 'Yes,'	enter the nu	mber of affiliates			_ led	) participated dislation or an	in any political campaig ny ballot measure, or (3)	made a	attempted to I n election und	mnuence er
c Are all	affiliates incl	uded?	Yes	X No	1 R8	TC Section 2	3704.5 (relating to lobby tach form FTB 3509, Pol	ina by p	ublic charities'	)? If 'Yes.'
(If 'No,'	attach a list	. See instructions.)			1		Organizations		-	_ `_
		turn filed by an organ		77 11			-			
, ,				X No	J Di	d the organiza	ation have any changes in poration, or bylaws that	n its act have no	ivities, governi t heen reporter	ng instrument, 1 to the
		ption Number					Board? If 'Yes,' complete			
		linates attached?	Yes	X No	of	revised docur	ments		•	Yes X No
E Final retu			Larry		K Is	the organizati	ion exempt under R&TC	Section	23701a? •	Yes X No
	Dissolved	Surrender	,		l If	'Yes.' enter ar	mount of aross receipts	from	Ü	
	-	rganized (attach expla	•		no	nmember sou	irces		§	
	-	ter date					ion under audit by the IR			DVac WNa
_	_	• —	ollowing federal forms or scl <b>3</b> • (Schedule H) 9		1		a prior year?			Yes X No
1 • L			on 23701d and is exclusively			-	ion a Limited Liability Co ation file Form 100 or Fo			Les VIA0
			primarily (50% or more) by				ncome?			Yes X No
Part I	Complete	Part I unless no	t required to file this	form. See G	eneral Inst	ructions B	and C.			
	1 Gros	ss sales or receip	ts from other sources	. From Side	2, Part II,	line 8		1		56,710.
	2 Gros	ss dues and asse	ssments from membe	ers and affilia	ates			2		
Receipts and	3 Gros	ss contributions,	gifts, grants, and simi	lar amounts	received		SEE.SCH.B •	3		239,504.
Revenues	4 Tota	l gross receipts t	for filing requirement	test. Add lin	e 1 through	line 3.				
	This	line must be co	mpleted. If the result	is less than	\$25,000, s	ee General	Instruction C	4		296,214.
	5 Cost	of goods sold			•	5				
	6 Cost	t or other basis, a	and sales expenses o	f assets solo	l, •	6				
	<b>7</b> Tota	I costs. Add line	5 and line 6		<i></i>			. 7		
			Subtract line 7 from li	~~~~		·····	······································			296,214.
Expenses	9 Tota	l expenses and o	disbursements. From	Side 2, Part	II, line 18.		•	9		288,890.
Expenses			ver expenses and dist					10		7,324.
	<b>11</b> Filin	g fee \$10 or \$25	. See General Instruc	tion F				11		
Filing		1 2						. 12		
Fee	<b>13</b> Pen	alties and Interes	st. See General Instru	ction J				. 13		
			I Instruction K		<i>.</i>		•	14		
	15 Bala The	<b>ance due.</b> Add lin n subtract line 12	ie 11, line 13, and line 2 from the result	e 14.				15		
			e that I have examined this r of preparer (other than taxpa						y knowledge ar	nd belief, it is true,
Sign	correct, and	complete. Declaration	of preparer (other than taxpa		n all information	n of which prep				
Here	Signature <b>&gt;</b>			Title			Date		<ul> <li>Telephone</li> </ul>	
	Signature of officer	<b>-</b>							<u>559-224</u>	
	Preparer's	► 13717.0mo 1	TING TOON ON	0.00		Date	Check if self-	-, l	Preparer's	
Paid Preparer's	signature		HINOJOSA, CPA,				employed		P001969 FEIN	17
Use Only	Firm's name (or yours, if		, PAIGE AND CO	JMPANY					•	0.07
-	self-employed	ru) ————	COTT AVENUE						77-0203  Telephone	
	and address	CTOAT	S, CA 93612						•	
		ETD II	1 218 0	,	. 20			L		99-9540
	May the	FIB discuss this	return with the prepa	rer shown a	bove? See	instruction	8		• X Yes	No No

Parl	: II	Orga	enizations with gross receipts on plete Part II or furnish substitut	f more than \$25,000 and information. See Speci	private foundations re- ific Line Instructions.	gardless of amou	int of ç	gross receipts —
		1	Gross sales or receipts from al				1	
		2	Interest				2	
		3	Dividends				3	
Rece		4	Gross rents				4	
from Othe		5	Gross royalties				5	
Sour		6	Gross amount received from sa	ale of assets (See Instruc	ctions)		6	
		7	Other income. Attach schedule				7	56,710.
		8	Total gross sales or receipts fr	om other sources. Add li	ne 1 through line 7.			
			Enter here and on Side 1, Part	: I, line 1			8	56,710.
		9	Contributions, gifts, grants, and similar					
		10	Disbursements to or for memb				10	
		11	Compensation of officers, direct					28,850.
Expe	nses	12	Other salaries and wages				12	32,195.
and Disb		13	Interest				13	257.
ment		14	Taxes				14	
		15	Rents				15	14,640.
		16	Depreciation and depletion (Se				16	,010
		17	Other. Attach schedule					212,948.
		18	Total expenses and disbursements. Ad					288,890.
Sch	edule	L	Balance Sheets	1-34-34-34-34-34-34-34-34-34-34-34-34-34-	f taxable year			xable year
Asse	***************************************			(a)	(b)	(c)	<b>w</b> 0. tu	(d)
1	Cash	<b>.</b>			88,348.			<ul><li>119,843.</li></ul>
2			receivable		5,795.			<ul><li>4,113.</li></ul>
3	Net not	es rec	eivable. Attach schedule					•
4					57,167.			<ul><li>66,207.</li></ul>
5			tate government obligations	***************************************				•
6			n other bonds. Attach sch					•
7			n stock. Attach schedule	2010/01/2010 ACCOUNTS AND				•
8			ns (number of loans)		***************************************			•
9			nents. Attach schedule	ACCOUNT OF A COUNTY OF A COUNT				•
			ssets			375,4	113.	
			ated depreciation	CONTRACTOR OF THE CONTRACTOR O	241,549.	154,7	129.	220,684.
11					107,025.			<ul><li>106,825.</li></ul>
12	Other a	ssets.	Attach scheduleS.TM	4	6,842.			<ul><li>6,845.</li></ul>
13	Total a	ssets.			506,726.			524,517.
Liabi	lities a	and n	et worth					
14	Accoun	ts pay	able		18,488.			<ul><li>22,955.</li></ul>
15	Contrib	utions	, gifts, or grants payable					•
16	Bonds	and no	otes payable. Attach schedule					•
17	Mortga	ges pa	yable					•
18	Other li	iabiliti	es. Attach scheduleS.T.M.	5				6,000.
19	Capital	stock	or principle fund					•
20	Paid-in	or ca	oital surplus. Attach reconciliation					•
21	Retaine	d earr	ings or income fund		488,238.			<ul><li>495,562.</li></ul>
22	Total li	abilitie	es and net worth		506,726.			524,517.
Sch	edule	• M-						
			Do not complete this sched	dule if the amount on Sch	nedule L, line 13, colum	n (d), is less tha	n \$25,0	000
1				• 7,324		-		
2			ne tax		not included in this		ļ	100 mm
3			ital losses over capital gains	•				
4			ecorded on books this year.		8 Deductions in this r	_		
t-			Ile		against book incom			_
5			orded on books this year not deducted  . Attach schedule		Pooring	d line 8	L	
6	Total.	i Ctul ()	. Attacit Schedule		9 Total. Add line 7 an			
5		e 1 thi	ough line 5	7,324		ırıı. 1 line 6	ľ	7,324.
				., 02.1	- 1 2020 400 1110 0 11011			1,044.

7,324.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### California Copy

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

rame of the organization		Employer identification number
Armenian Technology Grou	77-0316548	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organi	ization
	4947(a)(1) nonexempt charitable trust	t <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust	t treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered be <b>Note:</b> Only a section 501(c)(7), (8), or	by the <b>General Rule</b> or a <b>Special Rule</b> . (10) organization can check boxes for both the Ger	neral Rule and a Special Rule. See instructions.
General Rule —		
X For an organization filing Form 990 contributor. (Complete Parts I and	, 990-EZ, or 990-PF that received, during the year, II.)	, \$5,000 or more (in money or property) from any one
Special Rules —		
For a section 501(c)(3) organization 509(a)(1)/170(b)(1)(A)(vi) and received amount on (i) Form 990, Part VIII,	n filing Form 990 or 990-EZ, that met the 33-1/3% of from any one contributor, during the year, a contribution line 1h or (ii) Form 990-EZ, line 1. Complete Parts	support test of the regulations under sections of the greater of (1) \$5,000 or (2) 2% of the I and II.
aggregate contributions of more that	organization filing Form 990 or 990-EZ, that receiven \$1,000 for use <i>exclusively</i> for religious, charitable animals. Complete Parts I, II, and III.	ved from any one contributor, during the year, or educational purposes, or the
contributions for use <i>exclusively</i> for this box is checked, enter here the purpose. Do not complete any of the	total contributions that were received during the year parts unless the <b>General Rule</b> applies to this org	tributions did not aggregate to more than \$1,000. If ear for an exclusively religious, charitable, etc, ganization because it received nonexclusively
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	<b>≻</b> \$
Caution: An organization that is not co 990-PF) but it must answer 'No' on Pa 990-PF, to certify that it does not meet	vered by the General Rule and/or the Special Rule rt IV, line 2 of their Form 990, or check the box on the filing requirements of Schedule B (Form 990,	s does not file Schedule B (Form 990, 990-EZ, or line H of its Form 990-EZ, or on line 2 of its Form 990-EZ, or 990-PF).
BAA For Privacy Act and Paperwork for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

of Part I

Armenian Technology Group, Inc.

Page 1 of 1
Employer identification number

7	7	_	0	3	1	6	5	4	8	

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Lincy Foundation  150 South Rodeo Dr. Suite 250  Beverly Hills, CA 90212,	\$100,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Adrian & Valerie Parsegian  3935 Legation St., N.W.  Washington, DC 20015	\$ 5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
***************************************		-    -  -  -	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$=	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of 1

of Part II

Name of organization

Armenian Technology Group, Inc.

Employer identification number

77-0316548

## Part II Noncash Property (see instructions.) (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Part I (b) Description of noncash property given (a) No. from (d) Date received (c) FMV (or estimate) (see instructions) Part I (b) Description of noncash property given (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions)

Name of organization Armenian Technology Group, Inc. Employer identification number

77-0316548

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contributions ıan \$1,000 for the year.(Comp	to section 501(c)(7), (8), or (10) plete cols (a) through (e) and the following line entry.		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, charit (Enter this information once — see	table, etc, e instructions.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		

2009	California Stater	nents		Page 1
Client FH135	Armenian Technology G	roup, Inc.		77-0316548
2/02/11				10:26AM
Statement 1 Form 199, Part II, Line 7 Other Income				
MiscellaneousOther Investment IncomeProgram Service Revenue	* * * * * * * * * * * * * * * * * * * *			524. 19. 56,167. 56,710.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, 1 Current Officers:	Title and Average Hour:	s Compen-	Contri- bution to	Expense Account/
Name and Address	Per Week Devot			
Alan Asadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Vatche Soghomonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Rose Kachadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Dr. Margit Hazarabedian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Secretary 2.00	0.	0.	0.
Von Bedikian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.

Vice President

2.00

1.00

3.00

1.00

Director

Treasurer

Director

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

Serop Samurkashian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755

1300 E. Shaw Ave, STE 131 Fresno, CA 93755

Dr. Hagop Tookoian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755

1300 E. Shaw Ave, STE 131 Fresno, CA 93755

Zareh Misserlian

James Lanas

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### **California Statements**

Page 2

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

#### **Current Officers:**

Name and Address	Title and Average Hours <u>Per Week Devoted</u>		Contri- bution to EBP & DC	Expense Account/ Other
Dr. James P. Reynolds 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	President 2.00	\$ 0.	\$ 0.	\$ 0.
Dr. Jack Morse 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Varoujan Der Simonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Exec Director 60.00	28,850.	0.	0.
Nubar Tashjian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Michael Sarabian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
	Total	\$ 28,850.	\$ 0.	\$ 0.

#### Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees Depreciation	\$ 12,745. 13,036.
Gain/Loss on Currency Exchange	-560
Insurance	4,541.
International Cargo	700.
UIIICE Expenses	15,705.
Postage and Shipping	7,898.
Printing and Publications	2,401.
Professional Fundralsing Fees	6,151.
Research & Development	76,075.
Supplies	75,576.
IIavel	738.
Vehicle Expenses	 <u>7,642.</u>
Total	\$ 222,648.

2009	California Statements	Page 3
Client FH135	Armenian Technology Group, Inc.	77-0316548
2/02/11		10:26AN
Statement 4 Form 199, Schedule I Other Assets		
Prepaid Expenses	and Deferred Charges	6,845. 6,845.
Statement 5 Form 199, Schedule I Other Liabilities	L, Line 18	
Deferred Compensa	ationTotal \$	6,000. 6,000.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



					<b>_</b>			
State Charity Registration Number 085975				Check if:  Change of address  Amended report				
ARMENIAN TECHNOLOGY GROUP, INC.				Millellueu	eport			
Name of Organization								
PO BOX 5969				Corporate or 0	Organization No.	1523452		
Address (Number and Street)								
FRESNO, CA 93755		State ZIP Code		Federal Emplo	oyer ID No. 77-	0316548		
ANNUAL REGISTRA	ATION RE	NEWAL FEE SCHEDUL Payable to Attorney Ge	E (11 Cal neral's R	. Code Regs. s legistry of Cha	ections 301-307, i	311 and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	)	Fee	Gross Annual R	evenue		Fee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and Between \$250,001 and		•		,001 and \$10 milli 0,001 and \$50 mil		\$150 \$225
					Greater than \$50	) million		\$300
PART A – ACTIVITIES								
For your most recent full accour								
Gross annual revenue \$		296,214. Total	assets	\$	524,517.			
PART B — STATEMENTS REG	ARDIN	G ORGANIZATION	DURING	THE PERIO	OD OF THIS R	EPORT		
Note: If you answer 'yes' to any of				· · · · · · · · · · · · · · · · · · ·			ile for c	
'yes' response. Please revie	w RRF-1	instructions for informa	ition requ	ired.	providing an exp	ianadon and deta		
1 During this reporting period, were	a there ar	ny contracte Ioane Ioace	as ar ath	ar financial trar	esctions between	the	Yes	No
organization and any officer, dire	ctor or tr	ustee thereof either dire	ctly or wit	th an entity in v	which any such of	ficer,		X
2 During this reporting period, was property or funds?	there an	y theft, embezzlement, c	diversion	or misuse of th	e organization's c	charitable		X
3 During this reporting period, did	non-progi	ram expenditures exceed	d 50% of	gross revenues	s?			X
4 During this reporting period, were Form 4720 with the Internal Reve	e any org enue Serv	anization funds used to vice, attach a copy.	pay any p	penalty, fine or	judgment? If you	filed a		X
5 During this reporting period, were purposes used? If 'yes,' provide service provider.	e the serv an attach	vices of a commercial ful ment listing the name, a	ndraiser o iddress, a	or fundraising o and telephone i	counsel for charita number of the	ble		X
6 During this reporting period, did the name of the agency, mailing	the organ address,	ization receive any gove contact person, and tele	rnmental ephone n	funding? If so umber.	, provide an attac	hment listing		X
7 During this reporting period, did indicating the number of raffles a	the organ	ization hold a raffle for date(s) they occurred.	charitable	purposes? If '	yes,' provide an a	ttachment		X
Does the organization conduct a the program is operated by the c charitable purposes.	vehicle d harity or	onation program? If 'yes whether the organization	s,' provide n contract	e an attachmer ts with a comm	t indicating wheth ercial fundraiser f	ner or		X
Did your organization have prepa principles for this reporting perio	ared an a d?	udited financial statemer	nt in acco	ordance with ge	nerally accepted	accounting		X
Organization's area code and telephor	ne numbe	er <u>559-224-1000</u>						
Organization's e-mail address ATG	FRESNC	@YAHOO.COM						
I declare under penalty of perjury tha and belief, it is true, correct and com	t I have e plete.	xamined this report, inc	luding a	ccompanying o	documents, and to	o the best of my k	nowled	lge
Signature of authorized officer	Printed	Name		Title		Date		

## Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form. may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

А	For	tne 2009 ca	iendar	r year, or	tax year be	ginning	5/UL		2009, and er	ndınç	<b>j</b> 4/30			, 2010
В	Check	if applicable:	L.	С						-		D Em	oloyer i	dentification number
	Addre	ss change	Please use IRS	Armen	ian Tec	hnology	Group,	Inc				7	7-03	16548
	Name	change	label or	DO BO	x 5969		up,							~-~-
	Initial return											Telephone number		
	Termination See Specific F1ESIIO, CA 93/33										5.	9-2	24-1000	
	4	ded return	Instruc-									F Gr	un F	kemption
	4	ation pending	tions.									Nu	mber	<b>&gt;</b>
_			01/-1/2	2)		1017/-1/11		ا دا داند ماد	······	G	Accounting			Cash X Accrual
		• Section 5	UI(C)(3) USt atta	o) organiz Pach a cor	rations and nnleted Scl	4947(a)(1) i redule ∆ /⊑	nonexempt orm 990 or	charitable	rusts		Other (spec		u,	J Casii A Accidal
		///	पञ्च वस्य	ucii a CUli	ipicicu sti	icuule A (F	JU 08C 11110	JJU-LLJ.		~			I	
	\//ah	site: ► W	לב זווו	tanes	ora					Н	Check ► L		ne org	ganization is <b>not</b> dule B (Form 990,
								T 1.0			990-EZ, or	attach 990-PF	Scue Scue	dule B (Form 990,
<u>J</u>					X 501(c)									
K	Che	ck ► ∐if t	the orga	ganization	is not a se	ction 509(a	)(3) suppor	ting organiz	ation <b>and</b> its	gros	s receipts a	re nori	nally	not more than
	\$25,	000. A Form	990-EZ	.Z or Form	990 return is	s not require	d, but if the	organization	chooses to fil	e a re	eturn, be sur	e to file	a cor	nplete return.
L.	Add	lines 5b, 6b	o, and 7	7b, to line	e 9 to deter	mine gross	receipts; if	\$500,000 o	r more, file F	orm	990			
,	inste	ead of Form	990-E	<u>-Z</u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · ·						▶\$	296,214.
Pa	art l	Reve	enue, I	Expens	ses, and (	Changes	in Net As	sets or F	und Balan	ces	(See the	instru	ction	ns for Part I.)
	1												1	239,504.
	2												2	56,167.
	3											F	3	30,107.
	-													1 ^
	4											• • • • •	4	19.
									5a					
	1	<b>)</b> Less: cost	t or oth	her basis	and sales e	xpenses			5 b					
R	(												5 c	
Ž.	6	Special even	its and ac	activities (co	mplete applica	ble parts of Sc	hedule G). If a	ny amount is f	om <mark>gaming,</mark> che	eck he	re 🟲			
REVENU		Gross rev	enue (r	(not includ	dina \$		of c	contributions	;			_		
U								, , ,						
_	١.								}					
	1		•								·		6 c	
													00	
	/ /3	a Gross said	es or in	nventory,	iess returns	s and allow	ances		7a					
									7b					
	(						ubtract line	7b from line	e 7a)				7с	
	8	Other revenu	ue (descri	cribe ► S	ee Stat	ement 1						)	8	524.
	9	Total reve	enue. A	Add lines	1, 2, 3, 4, 5	5c. 6c. 7c. a							9	296,214.
	10												10	
	11												11	
Ë														C1 04F
ĥ	12								,				12	61,045.
E N	13					•						-	13	18,896.
EXPENSE	14	•										-	14	14,640.
S	15												15	10,299.
	16	Other expens	ses (desc	scribe 🟲 <u>S</u>	ee Stat	ement 2						) [	16	184,010.
	17												17	288,890.
***********	18												18	7,324.
Δ												h		1,021.
NS	19	Net asset	s or tur	ind baland	ces at begin	ining of yea	r (from line	2/, column	(A)) (must a	agree	with end-o	t-year	10	100 220
NET													19	488,238.
NET	20												20	
F	21				····				<u> 20 </u>				21	495,562.
Pa	art II	Bala	nce S	Sheets. I	If Total asse	ets on line 2	25, column	(B) are \$1,2	.50,000 or mo	ore, f	ile Form 99	0 inste	ad of	Form 990-EZ.
					the instruc					(A	) Beginning	of yea	ar	(B) End of year
22	2 Ca	sh, savings	s, and ir	investme	nts							, 348		119,843.
23	3 La	nd and buil	dinas									,723		200,603.
24	1 Ot	her assets	(describ	ibe ► S	ee Stat	ement 3		)				, 655		204,071.
25	. ∪≀ ; T^	tal accete	(300011		JO Deac					$\vdash$		,726		524,517.
26	9 IC	nai iiadiii(le	s (desc	scribe -	DEE DID	Lement	4					488		28,955.
2	/ Ne	et assets or	Tund b	palances	(iine 2/ of (	column (B)	must agree	e with line 2	1)	1	488	, 238	. [2/]	495,562.

	n 990-EZ (2009) Armenian Techno	logy Group, Inc.		77	-031	.6548 Page <b>2</b>
Pai	A STATE OF THE STA		(See the instruction	ons.)	(D	Expenses
Desc	is the organization's primary exempt purpose? See cribe what was achieved in carrying out the cribe the services provided, the number of ram title.	e Statement 5 e organization's exempt purp persons benefited, or other	ooses. In a clear and co relevant information for	oncise manner, each	501 (c organ 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
28	See Statement 6					
29	(Grants \$ ) If th	is amount includes foreign gr	rants, check here		28a	28,850.
	(Grants \$ ) If th	is amount includes foreign g			29 a	
30						
31	Other program services (attach schedule				30 a	
32	Total program service expenses (add lin	is amount includes foreign gr nes 28a through 31a)	rants, cneck nere		31 a 32	28,850.
Pai	t IV List of Officers, Directors,  (a) Name and address	Trustees, and Key Em  (b) Title and average hours per week devoted to position	ployees. List each or	(d) Contributions employee benefit pla deferred compensa	to ns and	ated. (See the instrs.)  (e) Expense account and other allowances
 <u>See</u>	Statement 7	***************************************	28,850.		0.	0.
·						

Pa	tt V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme	ent	8
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
I	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	o Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
١	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
<del>-1</del> 0 (	section 4911 \(\bigcup_{} \); section 4912 \(\bigcup_{} \) section 4955 \(\bigcup_{} \).			
				18942 - 0.0006
	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.	40 b		Х
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	and the second s			
40.	The supplied to the state of th			
42 ;	a The organization's books are in care of ► Varoujan Der Simonian Telephone no. ► 559-2:  Located at ► 1300 E. Shaw, Ste. 131 ZIP + 4 ► 93710	24-1	000	
		Г	Yes	No
ļ	o At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	Х	
	If 'Yes,' enter the name of the foreign country: > Armenia and Artsakh	420	Λ	
40	Code 4047(4)(1) and the stable book 1000 FT 10			37 /~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		N/A N/A
	43			
<i>n</i> •	Did the appropriation projection and described by the LOVING LT 1000		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
BAA		m 990	F7 /	

Form 990-EZ	(2009)	Armenian	Technology	Group,	Inc
Part VI	Section	on 501(c)(3)	organizations	and sec	tion 4

77-0316548

Page 4

Part VI		s and section 4947(a ction 4947(a)(1) non s for lines 50 and 51	<b>a)(1) nonexemp</b> exempt charitab	t charitable trusts on le trusts must answer	<b>ly.</b> All se questio	ction	age 4		
<b>46</b> Did t	the organization engage in direct or indire	ct political campaign acti	vities on behalf of c	or in opposition to candidat	es _	Yes	No		
	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (						X		
	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II								
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization make any transfers to an exempt non-charitable related organization?								
			-		<del></del>		_X_		
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?			49b				
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	0,000 of compensation f	rom the organization	n. If there is none, enter 'N	es and key lone.'				
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation									
None_									
					· · · · · · · · · · · · · · · · · · ·				
f Tota	I number of other employees paid over \$1	00,000			***************************************				
51 Com	plete this table for the organization's five pensation from the organization. If there is	s none, enter 'None.'	dependent contracto		·····				
None	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>		
none									
							<del></del>		
		~ · · · · · · · · · · · · · · · · · · ·							
***************************************			***************************************						
<b>d</b> Tota	I number of other independent contractors	each receiving over \$10	00,000	>					
***********					***************************************				
	Under penalties of perjury, I declare that I have exam true, correct, and complete. Declaration of preparer (	ined this return, including accom- other than officer) is based on all	panying schedules and sta information of which prepa	tements, and to the best of my know arer has any knowledge.	wledge and be	lief, it is			
			. ,						
Sign									
Here	Signature of officer			Date					
	<b>T</b>								
	Type or print name and title.								
Paid	Preparer's Signature Fausto Hinoiosa	CDA CDD	Date	5011-	parer's Identif e instructions)	ying Nui	mber		
Pre-	rausco minojosa,			employed ► N/	'A				
parer's	Firm's name (or yours if self-				NT / 7N				
Use Only	employed), address, and Clovic Ch. 0361				N/A	) F 4 2			
	ZIP + 4 Clovis, CA 93612		liana	Phone no. ► (559					
BAA	RS discuss this return with the preparer sh	iowii above? See instruc	uons		Form 990		<b>No</b> 2009)		

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

### **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.

OMB No. 1545-0047

ana da Dakila

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

lrm	en:	<u>ian Technolog</u>	gy Group, Inc.	•					77-03	316548	}		
Part	1	Reason for Pu	blic Charity Statu	us (All organizations	must c	comple	te this	part.)	See ir	nstructi	ons		
he o	rga	nization is not a pri	vate foundation beca	use it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention	on of churches or ass	sociation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2	П	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or coope	operative 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 <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)									n			
6 7		An organization that		governmental unit descri a substantial part of its su Part II.)					t or from	the ger	neral public	desc	ribed
8				170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9	X	from activities relate investment income	ed to its exempt functio	more than 33-1/3 % of its sns – subject to certain excess taxable income (less complete Part III.)	eptions, a	and (2) n	o more t	:han 33-	1/3 % of	its suppo	ort from aros	SS	after
10		An organization org	ganized and operated	d exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11		more publicly supp	orted organizations	d exclusively for the beneficed in section 509(sization and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or car section	ry out th <b>509(a)(3</b> )	ne purpose: <b>).</b> Check th	s of or	ne or k that
		a Type I	<b>b</b> Type II	c Type II	l — Fund	ctionally	integrat	ed:		d	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2).	ox, I certify that the canagers and other that	organization is not controllan one or more publicly s	led dired upported	tly or in d organia	directly zations	by one describe	or more ed in sed	disquali tion 509	fied perso (a)(1) or s	ns oth ection	ner
f		If the organization	received a written de	termination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August 17, 2	2006, has the organiz	ation accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?		
_		-	_				_		_			Yes	No
		(i) a person who	directly or indirectly	controls, either alone or supported organization?.	together	with pe	rsons d	escribe	d in (ii) a	and (iii)	4.4 (1)		
			•	cribed in (i) above?									
		• •	• •	n described in (i) or (ii) a							11 g (iii)		l
h			ng information about	the supported organization	ons.		Ι		1				
	(i	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col. I in your erning ment?	the organ	ou notify ization in (i) of upport?	(vi) I organizati (i) organiz U.S	s the on in col. zed in the 3.?	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
					-						****		
						-							
otal			231										

Schedule A (Form 990 or 990-EZ) 2009 Armenian Technology Group, Inc. 77-0316548

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support									
Caleı begiı	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	<b>Total.</b> Add lines 1-through 3		*****						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support								
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see in:	structions)			12			
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ▶ □		
	tion C. Computation of Pu								
14 15	Public support percentage for 20 Public support percentage from						% %		
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17a 10%-facts-and-circumstances test — 2009 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 — 2008. 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								
10	r iivate toutiuation, ii the organ	Lation ulu Hot Che	sen a box on me,	10, 10a, 100, 17a	a, or izo, check t	ilia nox aliu see III	SUUCUOIIS		

## Schedule A (Form 990 or 990-EZ) 2009 Armenian Technology Group, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part 1.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) ►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	487,465.	519 058	1,640,309.	261,099.	239,504.	3,147,435.
2	Gross receipts from	107,100.	319,030.	1,040,303.	201,000.	239,304.	<u> </u>
_	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose		***************************************				0.
_	under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	487,465.	519,058.	1,640,309.	261,099.	239,504.	3,147,435.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the				0.	0.	<u> </u>
	year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						3,147,435.
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	487,465. 278.	519,058. 1,747.	1,640,309. 5,446.	261,099.	239,504.	3,147,435.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			3,440.		19.	7,624.
	Add lines 10a and 10b	278.	1,747.	5,446.	134.	19.	7,624.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (add Ins 9, 10c, 11, and 12.)						3,155,059.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)
500	organization, check this box and tion C. Computation of Pu						
***************************************	Public support percentage for 20			. 121 (0)		4.5	00.00
			99.8%				
Sec	Public support percentage from tion D. Computation of Inv	estment Incor	ne Percentage			16	96.8%
	Investment income percentage f				mn (f))		0.2%
18	Investment income percentage f						
	33-1/3 support tests - 2009. If the o	organization did not	check the box on l	ine 14 and line 15	is more than 33,1/3	% and line 17 is no	0.4 %
	more than 33-1/3%, check this b 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ox and stop here.	The organization	ι qualifies as a ρι	iblicly supported o	organization	►  X
	is not more than 33-1/3%, check Private foundation. If the organi						
20							

Schedule A	(Form 990	or 990-E2	Z) 2009	Armenia	n Tecl	nnology	Group	, Inc.	77-0316548	Page <b>4</b>
Part IV	<b>Supplem</b> Part II, Iir	<b>ental In</b> ne 17a d	<b>format</b> or 17b;	Armenia i <b>on.</b> Comp and Part I	lete this II, line	s part to 12. Provi	provide de any	the exp	lanations required by Part II, Iditional information. See ins	line 10; tructions.
		<u>_</u>								
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number
Armenian Technology Group	o, Inc.	77-0316548
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\underline{3}$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> tre 527 political organization	ated as a private foundation
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by <b>Note:</b> Only a section 501(c)(7), (8), or (	the <b>General Rule</b> or a <b>Special Rule</b> . 10) organization can check boxes for both the General Ru	ıle and a Special Rule. See instructions.
General Rule —		
X For an organization filing Form 990, contributor. (Complete Parts I and II	990-EZ, or 990-PF that received, during the year, $$5,000$ .)	or more (in money or property) from any one
Special Rules —		
509(a)(1)/1/0(b)(1)(A)(vi) and received fi	filing Form 990 or 990-EZ, that met the 33-1/3% support rom any one contributor, during the year, a contribution of the gine 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	reater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) or aggregate contributions of more that prevention of cruelty to children or a	organization filing Form 990 or 990-EZ, that received from n \$1,000 for use <i>exclusively</i> for religious, charitable, scier inimals. Complete Parts I, II, and III.	n any one contributor, during the year, ntific, literary, or educational purposes, or the
this box is checked, enter here the topurpose. Do not complete any of the	organization filing Form 990 or 990-EZ, that received from religious, charitable, etc, purposes, but these contribution otal contributions that were received during the year for a e parts unless the <b>General Rule</b> applies to this organization	ns did not aggregate to more than \$1,000. If an exclusively religious, charitable, etc, on because it received nonexclusively
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	<b>⊳</b> \$
<b>Caution:</b> An organization that is not cov 990-PF) but it <b>must</b> answer 'No' on Part 990-PF, to certify that it does not meet t	ered by the General Rule and/or the Special Rules does r IV, line 2 of their Form 990, or check the box on line H of the filing requirements of Schedule B (Form 990, 990-EZ,	not file Schedule B (Form 990, 990-EZ, or of its Form 990-EZ, or on line 2 of its Form or 990-PF).
BAA For Privacy Act and Paperwork R for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule <b>B</b>	(Form 990.	990-EZ.	or 990-PF)	(2009)

of Part I

Name of organization Armenian Technology Group, Inc. Page 1 of 1
Employer identification number

77-03165	48
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Part I	Contributors	(see instructions.)
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1(a) Number	The Lincy Foundation  150 South Rodeo Dr. Suite 250  Beverly Hills, CA 90212,  (b)  Name, address, and ZIP + 4	\$100,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
2	Adrian & Valerie Parsegian  3935 Legation St., N.W.  Washington, DC 20015	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of 1

of Part II

Name of organization

Armenian Technology Group, Inc.

Employer identification number

77-0316548

(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A			A total de
		\$		
(a) No. from Part I	(b) Description of noncash property give	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property give	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property give	1	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$		

Name of organization Armenian Technology Group, Inc.

Employer identification number

of 1

77-0316548 Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

(a) No. from	ganizations completing Part III, enter to outions of \$1,000 or less for the year. (b)  Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I N/A			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a)			
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
		(e)	

2009	Federal Statements		Page 1
Client FH135	Armenian Technology Group, Inc.		77-0316548
2/02/11  Statement 1 Form 990-EZ, Pa Other Revenue  Miscellaneous	art I, Line 8		10:26AM  524. 524.
Gain/Loss on Insurance Interest International Inventory Addoptice Expensions Research & Descriptions Travel	Currency Exchange.  Cargo ustment ses. evelopment		13,036. -560. 4,541. 257. 700. -9,700. 15,705. 76,075. 75,576. 738. 7,642. 184,010.
Statement 3 Form 990-EZ, Pa Other Assets	art II, Line 24	Davinaina	Do all a
Automobiles Furniture and Inventories Machinery and	rivable  I Fixtures  I Equipment  Ises and Deferred Charges  Total		Ending  4,113. 700. 4,619. 66,207. 121,587. 6,845. 204,071.
Statement 4 Form 990-EZ, Pa Total Liabilities	nrt II, Line 26		
Accounts Paya Deferred Comp	uble and Accrued Expenses DensationTotal	0.	Ending 22,955. 6,000. 28,955.

## 2009

## **Federal Statements**

Page 2

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

The Armenian Technology Group (ATG) is dedicated to helping guide the Republic of Armenia toward food and agricultural self-sufficiency.

Statement 6 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Provided technical assistance and supervision for receipt, planting, management, harvest and certification of wheat, forage and vegetable seeds for use by private sector farmers and education through farm-extension programs in Armenia and Nagorno-Karabagh.

#### Statement 7 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Alan Asadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director \$ 2.00	0.	\$ 0.	\$ 0.
Vatche Soghomonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Rose Kachadoorian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Dr. Margit Hazarabedian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Secretary 2.00	0.	0.	0.
Von Bedikian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Serop Samurkashian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Vice President 2.00	0.	0.	0.
Zareh Misserlian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.

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ZU	U	y

# **Federal Statements**

Page 3

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

# Statement 7 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Dr. Hagop Tookoian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Treasurer 9 3.00	\$ 0.	\$ 0.	\$ 0.
James Lanas 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Dr. James P. Reynolds 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	President 2.00	0.	0.	0.
Dr. Jack Morse 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
Varoujan Der Simonian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Exec Director 60.00	28,850.	0.	0.
Nubar Tashjian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 3.00	0.	0.	0.
Michael Sarabian 1300 E. Shaw Ave, STE 131 Fresno, CA 93755	Director 1.00	0.	0.	0.
	Total §	\$ 28,850.	\$ 0.	\$ 0.

### Statement 8 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

Armenian Technology Group, Inc. Net Book Value [Depreciation] GAAP For the Period May 1, 2009 to April 30, 2010

											,	
-		ASSET BA	ASSET BALANCES					DEPRECIATION	LION			
Asset ID	Beginning	Additions	Deletions		Ending	Beg. Balance De	Depr Exp & AFYD Sec 179/179A Oth. Additions	179/179A Oth.	Additions	Deletions	End. Balance	Net Book Value
Asset GL Acct #: 1812	è								٠.		. " .	
Class: {no value} 000625	Lateral file,	x shelves w/ bra	ckets (Dona	ted)	. 6		00			C	000	17
000695	900.000 Server & Modem	0.00		0.00	900.00	599.99	128.5/	0.00	0.00	0.00	/28.56	1/1.44
	1,573.55	0.00		0.00	1,573.55	288.49	157.36	0.00	0.00	00:0	445.85	1,127.70
Subtotal: {no value}	2,473.55	0.00		0.00	2,473.55	888.48	285.93	0.00	0.00	0.00	1,174.41	1,299.14
Class: Office Machines	chines		÷									
000485	onic	S			. 00 003	00000	. 450 00	0		000	1 150 00	0000
000515	1,500.00 ATT 4 Line Telephone System	0.00 one System		00:0	00.00c,1	00.000,1	00.001	0.00	0.00	0.00	1, 150.00	350.00
	1,117.09	0.00		0.00	1,117.09	586.48	111.71	0.00	0.00	0.00	698.19	418.90
Subtotal: Office Machines (2)	2,617.09	0.00		0.00	2,617.09	1,586.48	261.71	0.00	0.00	0.00	1,848.19	768.90
Subtotal: 1812 (4)	5,090.64	0.00		0.00	5,090.64	2,474.96	547.64	0.00	0.00	0.00	3,022.60	2,068.04
Asset GL Acct #: 1813									. *.			
Class: {no value}		•										
000316	Computer & Equipment	nent		0	2 000 47	2 550 71	300 22	000	00.0	000	3 058 03	33.04
000445	3,332.17 1784 Office Furniture	,		00.00	0,332.11	1,000,0	233.55	000	9	9	0.000,0	t-3:00
	1,390.12	0.00		0.00	1,390.12	1,135.25	139.01	0.00	00.00	00:0	1,274.26	115.86
000450	1616 - 12 Chairs for ATGF office	r ATGF office					1			ļ		
	537.48	0.00		0.00	537.48	443.44	53.75	0.00	0.00	0.00	497.19	40.29
000455	1749 10 Chairs for ATGF office	ATGF office		000	908 87	70.007	90 00	00 0	000	00 0	833 16	75.71
000460	300.0/ 1765 Office Funiture			9.0	900.00	17:74 /	60.00	000	0.0	0.0	27.000	1.0.7
	639.25	0.00		0.00	639.25	522.09	63.93	0.00	0.00	00:00	586.02	53.23
000465	1827 Office Furniture	re 0.00		0.00	608.81	492 11	60.88	0 0	000	00'0	552.99	55.82
000680	Computer - Pentium 6		,	2		- i 2	) }					
	755.56	0.00	•	0.00	755.56	138.52	75.56	0.00	0.00	00:00	214.08	541.48
000705	Toshiba Projector 980.00	0.00		0.00	980.00	114.33	98.00	0.00	0.00	0.00	212.33	767.67
000715	Canon LBP Printer 2900	2900		000	141 94	16.56	14.19	000	000	00 0	30.75	27 171
000720	Gaz Hiter Nikala Big			9	<u> </u>		2					-
	171.88	0.00		0.00	171.88	25.78	17.19	0.00	0.00	0.00	42.97	128.91
Subtotal: {no value}	10,126.08	0.00		0.00	10,126.08	7,190.06	1,012.62	0.00	0.00	0.00	8,202.68	1,923.40
Class: Office Machines 000435	ichines UMAX, Astra 1200S-DLX Scanner 161 61	S-DLX Scanner		00 0	161 61	161	00 0	000	00:0	00 0	161.61	000
000490	Office Equipment											

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Page: 1

		OTOMA IACITTODA	313				DEPRECIATION	NOIL			
Asset ID	Beginning	ASSET BALAN Additions	Deletions	Ending	Beg. Balance Dep	Depr Exp & AFYD Sec 179/179A	' I	tions	Deletions E	End. Balance	Net Book Value
Asset GL Acct #: 1813											
Class: Office Machines	<i>hines</i> 2,151.00	0.00	0.00	2,151.00	1,308.52	215.10	0.00	0.00	0.00	1,523.62	627.38
Subtotal: Office	2,312.61	0.00	0.00	2,312.61	1,470.13	215.10	0.00	0.00	0.00	1,685.23	627.38
Subtotal: 1813 (12)	12,438.69	00:00	0.00	12,438.69	8,660.19	1,227.72	0.00	0.00	0.00	9,887.91	2,550.78
Asset GL Acct #: 1822											
000690 000690	Bulgur Machine 5,159.85	0.00	0.00	5,159.85	1,044.25	737.12	0.00	0.00	0.00	1,781.37	3,378.48
Subtotal: {no value}	5,159.85	0.00	0.00	5,159.85	1,044.25	737.12	0.00	0.00	0.00	1,781.37	3,378.48
Class: Lab Equip		:									
000520	2 Stainless Steel Mi	2 Stainless Steel Milk Cooling Tanks (1000 gal.)	000 gal.) 0.00	8,200.00	4,168.33	820.00	0.00	0.00	0.00	4,988.33	3,211.67
000525	2 Stainless Steel Mi	2 Stainless Steel Milk Cooling Tanks (800 gal)		00 000 9	3.355.00	00.099	0.00	0.00	00:0	4,015.00	2,585.00
000530	4 Condenser Units, 5hp 220v/50hz 12 188.56	5hp 220v/50hz	0:00	12,188.56	6,195.87	1,218.86	0.00	0.00	00:0	7,414.73	4,773.83
000535	Fittings for setup of	Fittings for setup of tanks and condensor unit, 5hp 220v/50hz 1382 84 0.00	or unit, 5hp 220v/ 0.00	/50hz 1,382.84	702.92	138.28	0.00	0.00	0.00	841.20	541.64
Subtotal: Lab Equip	28,371.40	00:00	0.00	28,371.40	14,422.12	2,837.14	0.00	00.0	00:0	17,259.26	11,112.14
(*) Subtotal: 1822 (5)	33,531.25	0.00	0.00	33,531.25	15,466.37	3,574.26	0.00	0.00	00.00	19,040.63	14,490.62
Asset GL Acct #: 1851	1										
Class: {no value}	/ Farm Enninment-RA	<			ě						
ce   000	47,833.37	0.00	0.00	47,833.37	47,833.37	00:0	0.00	0.00	0.00	47,833.37	0.00
000670	Grafting Machine - Omega Uno 3,604.65	Omega Uno 0.00	0.00	3,604.65	1,622.09	720.93	0.00	0.00	0.00	2,343.02	1,261.63
000745	Haybuster Drill Model 77 16,450.00	00:00	0.00	16,450.00	2,350.00	2,350.00	0.00	0.00	0.00	4,700.00	11,750.00
000750	Crating, Haybuster Drill Model 77 429.48 0.0	Drill Model 77 0.00	0.00	429.48	46.02	61.35	00:00	0.00	0.00	107.37	322.11
000755	15940 Agr Drill to RA 709.94		00.00	709.94	67.61	101.42	0.00	0.00	0.00	169.03	540.91
Subtotal: {no value}	69,027.44	0.00	0.00	69,027.44	51,919.09	3,233.70	0.00	0.00	0.00	55,152.79	13,874.65
Class: Farm Equip	<i>iip</i> Steam Cleaner					•					
60000	4,098.36	0.00	0.00	4,098.36	4,098.36	0.00	0.00	0.00	0.00	4,098.36	0.00
000495	1.1t I railer 1,000.00	0.00	0.00	1,000.00	1,000.00	0.00	00.0	0.00	0.00	1,000.00	0.00
909000	Forklift 2,600.00	0.00	0.00	2,600.00	2,600.00	0.00	0.00	0.00	0.00	2,600.00	0.00
000510	Tractor 3,600.00	0.00	00:00	3,600.00	3,600.00	0.00	0.00	0.00	0.00	3,600.00	0.00
000540	CIM-4 Seed Cleaning Machine	ig wacinie									

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		ASSET BALANCES	LANCES	-					,	***	
Asset ID	Beginning	Additions	Deletions	Ending	Beg. Balance	Depr Exp & AFYD Sec 179/179A	: 179/179A Oth. Additions		Deletions	End. Balance	Net Book Value
Asset GL Acct #: 1851	51		,					**			
Class: Farm Equip	dint	000		880.00	880.00	00.00	00:00	0.00	0.00	880.00	0.00
000545	Fertilizer Sprayer				COFOC		0	. 0	0	25 100	000
( i.	294.32	0.00	0.00	76.4.32	76.462	0.00	00.0	00.0	000	20:F02	2
099000	Single Bottom for Deep Plowing 622.10 0.	00:0	0.00	622.10	622.10	00:00	0.00	0.00	00:00	622.10	0.00
000555	Welding Machine	0.00	0.00	99.03	99.03	0.00	00:00	0.00	00.0	99.03	0.00
000260	7 Bottom Hydraulic Lift Plow			*	1 700 36		Ou u	00 0	00 0	1 700.36	00:0
000570	i,/00.35 Portable Welding Machine	achine 0.00		<b>-</b>	00.00			8			
-  -  -  -	624.42	00.00			624.42		0.00	0.00	0.00	624.42	0.00
Subtotal: Farm Equip (10)	iip 15,518.59	0.00	0.00	15,518.59	15,518.59	00:00	00:00	0.00	0.00	15,518.59	0.00
Subtotal: 1851 (15)	84,546.03	0.00	0.00	84,546.03	67,437.68	3,233.70	00:00	00:0	0.00	70,671.38	13,874.65
Asset GL Acct #: 1852	152										
Class: {no value}	le} Drin Cyctom Irrigation	ç					•				
nconn	1,309.05	0.00	0.00	1,309.05	919.46	187.01	0.00	0.00	00:00	1,106.47	202.58
099000	Kubota Tractor 4 533 45	00.0	00'0	4,533.45	3,551.20	906.69	0.00	0.00	0.00	4,457.89	75.56
Subtotal: {no value}		0.00			4,470.66	1,093.70	0.00	0.00	0.00	5,564.36	278.14
(2)									•		
Class: Farm Ec 000200	Class: Farm Equip 000200 Farm Equipment - NK	¥							•		
	4,734.20	0.00				0.00	0.00	0.00	0.00	4,734.20	0.00
Subtotal: Farm Equip	uip 4,734.20	0.00	0.00	4,734.20	4,734.20	0.00	0.00	0.00	0.00	4,734.20	0.00
(1) Subtotal: 1852 (3)	10,576.70	0.00	0.00	10,576.70	9,204.86	1,093.70	0.00	0.00	0.00	10,298.56	278.14
Asset GL Acct #: 1861	361										
Class: {no value}											
00/000	Lada venide 6,000.00	0.00	0.00	00.000'9	1,050.00	00:009	0.00	0.00	0.00	1,650.00	4,350.00
Subtotal: {no value}	6,000.00	0.00	0.00	00.000.00	1,050.00	00.009	0.00	0.00	0.00	1,650.00	4,350.00
Class: Autos & Trucks	Trucks										•
000210	Gazel Truck 8 863.22	00.0	0.00	9,863.22	8,863.22	0.00	0.00	0.00	00.0	8,863.22	0.00
000215	KAMAZ 5511 Truck		C	5 440 00	5 440 00	00 0	. 00 0	0.00	00:0	5.440.00	00:0
000475	5,440.00 1994 Ford Maverick (used)	(pesn)						,		•	
	12,500.00	0.00	0.00	12,500.00	12,500.00	0.00	0.00	00.00	0.00	12,500.00	0:00
009000	Automobile - Nada Uo 2,400.00	0.00	0.00	2,400.00	1,460.00	240.00	0.00	00.00	0.00	1,700.00	700.00
000575	Niva Automobile 6,450.00	0.00	0.00	6,450.00	3,386.25	645.00	0.00	0.00	0.00	4,031.25	2,418.75

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								DEDDECIAL	NOIL		·	
Asset ID	Beginning	Additions Delet	LANCES Deletions		Ending	Beg. Balance Dep	Depr Exp & AFYD Sec 179/179A Oth. Additions	179/179A Oth. /		Deletions E	End. Balance Ne	Net Book Value
Asset GL Acct #: 1861 Subtotal: Autos &	1	0.00		00:0	35,653.22	31,649.47	885.00	0.00	0.00	0.00	32,534.47	3,118.75
Subtotal: 1861 (6)	41,653.22	0.00		0.00	41,653.22	32,699.47	1,485.00	0.00	0.00	0.00	34,184.47	7,468.75
. Acct #: 1862 ss: Autos & Tr	rucks											
000220	ZIL Truck	00:00		0.00	2,000.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00
Subtotal: Autos &	2,000.00	0.00		0.00	2,000.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00
Subtotal: 1862 (1)	2,000.00	0.00		00:00	2,000.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00	0.00
Asset GL Acct #: 1891 Class: Land & Buildings	t iildings											
000580	Land 82,341.31	0.00		0.00	82,341.31	0.00	0.00	0.00	0.00	0.00	0.00	82,341.31
000585	Land - Talvorik Village 1.4 ha (ATGF) 938.75	age 1.4 ha (ATGI 0.00	Œ	0.00	938.75	0.00	0.00	0.00	0.00	0.00	0.00	938.75
000290	Land - Talvorik Village 0.7 ha (ATGF) 444.59 0.00	age 0.7 ha (ATGI 0.00	Œ.	0.00	444.59	0.00	0.00	0.00	0.00	0.00	0.00	444.59
9000595	Land - Aratashen Village 14.8 ha	filage 14.8 ha		0:00	23,100.00	0.00	0.00	0.00	0.00	0.00	0.00	23,100.00
Subtotal: Land &	106,824.65	0.00		0.00	106,824.65	00.00	0.00	0.00	0.00	0.00	0.00	106,824.65
Bulldings (4) Subtotal: 1891 (4)	106,824.65	0.00		0.00	106,824.65	0.00	0.00	0.00	00:00	0.00	0.00	106,824.65
Asset GL Acct #: 1892 Class: fno value}	C1											
000650	Paving/Warehouse	000		00.0	3,359.00	0:00	0.00	0.00	0.00	0.00	0.00	3,359.00
000710	NK Warehouse Improvements			0.00	17,104.11	1,425.34	1,140.27	0.00	00:00	0.00	2,565.61	14,538.50
Subtotal: {no value}	20,463.11	0.00		0.00	20,463.11	1,425.34	1,140.27	0.00	0.00	0.00	2,565.61	17,897.50
Class: Land & Buildings 000225	uildings NK Land & Building 5,485.06			0.00	5,485.06	0.00	0.00	0.00	0.00	00:00	0.00	5,485.06
Subtotal: Land &	5,485.06	00:00		0.00	5,485.06	0.00	0.00	0.00	0.00	00:00	0.00	5,485.06
Buildings (1) Subtotal: 1892 (3)	25,948.17	00.00		0.00	25,948.17	1,425.34	1,140.27	0.00	00:00	00.0	2,565.61	23,382.56
Asset GL Acct #: 18981 Class: {no value} 000665	31 Warehou	/ements		c	70 133 64	6 750 33	1 978 34	000	000	00'0	8,737.67	70,395.97
Subtotal: {no value}	79,133.64	0.00		0.00	79,133.64	6,759.33	1,978.34	0.00	0.00	0.00	8,737.67	70,395.97
(1) Subtotal: 18981 (1)	79,133.64	0.00		00:00	79,133.64	6,759.33	1,978.34	0.00	0.00	0.00	8,737.67	70,395.97

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ons         Ending         Beg. Balance         Depr Exp & AFYD Sec 179/179A         Oth. Additions         Deletions         End. Balance           0.00         401,742.99         146,128.20         14,280.63         0.00         0.00         0.00         160,408.83		ASSET BALANCES	ANCES				DEPRECIATION	NOIT					
0.00 0.00 401,742.99 146,128.20 14,280.63 0.00 0.00 0.00 160,408.83	Beginning	Additions	Deletions	Ending	Beg. Balance Depr	Exp & AFYD Sec	179/179A Oth.	Additions	Deletion		End. Balance	Net Book Value	
0.00 0.00 401,742.99 146,128.20 14,280.63 0.00 0.00 0.00 100,406.53								000		000	00 004	24 1224 46	1
	401 742 99	000	0.00	401,742.99	146,128.20	14,280.63	0.00	0.00		0.00	100,406.63	241,334.10	,
	20:31 1:10												i
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