

CLIENT FH135

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

**Short Form
Return of Organization Exempt From Income Tax**

2009

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 5/01, 2009, and ending 4/30, 2010

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

C Please use IRS label or print or type. See Specific Instructions.
 Armenian Technology Group, Inc.
 PO Box 5969
 Fresno, CA 93755

D Employer identification number
77-0316548

E Telephone number
559-224-1000

F Group Exemption Number..... ▶

G Accounting method: Cash Accrual
 Other (specify) ▶

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

I Website: ▶ www.atgusa.org

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 296,214.

| Part I | | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) | |
|----------|----|---|----------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received..... | 239,504. |
| | 2 | Program service revenue including government fees and contracts..... | 56,167. |
| | 3 | Membership dues and assessments..... | |
| | 4 | Investment income..... | 19. |
| | 5a | Gross amount from sale of assets other than inventory..... | |
| | 5b | Less: cost or other basis and sales expenses..... | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)..... | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1)..... | |
| REVENUE | 6b | Less: direct expenses other than fundraising expenses..... | |
| | 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)..... | |
| | 7a | Gross sales of inventory, less returns and allowances..... | |
| REVENUE | 7b | Less: cost of goods sold..... | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)..... | |
| | 8 | Other revenue (describe ▶ <u>See Statement 1</u>)..... | 524. |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶ | 296,214. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule)..... | |
| | 11 | Benefits paid to or for members..... | |
| | 12 | Salaries, other compensation, and employee benefits..... | 61,045. |
| | 13 | Professional fees and other payments to independent contractors..... | 18,896. |
| | 14 | Occupancy, rent, utilities, and maintenance..... | 14,640. |
| | 15 | Printing, publications, postage, and shipping..... | 10,299. |
| | 16 | Other expenses (describe ▶ <u>See Statement 2</u>)..... | 184,010. |
| | 17 | Total expenses. Add lines 10 through 16..... ▶ | 288,890. |
| ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)..... | 7,324. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... | 488,238. |
| | 20 | Net changes in net assets or fund balances (attach explanation)..... | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶ | 495,562. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
 (See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments..... | 88,348. | 119,843. |
| 23 Land and buildings..... | 203,723. | 200,603. |
| 24 Other assets (describe ▶ <u>See Statement 3</u>)..... | 214,655. | 204,071. |
| 25 Total assets | 506,726. | 524,517. |
| 26 Total liabilities (describe ▶ <u>See Statement 4</u>)..... | 18,488. | 28,955. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)..... | 488,238. | 495,562. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 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 | | X |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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? | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 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 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | N/A |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | 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 | 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 | 40b | 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. |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 0. |
| 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 | 40e | X |
| 41 | List the states with which a copy of this return is filed | | CA |

42a The organization's books are in care of Varoujan Der Simonian Telephone no. 559-224-1000
 Located at 1300 E. Shaw, Ste. 131 ZIP + 4 93710

| | | Yes | No |
|---|---|-----|----|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <u>Armenia and Artsakh</u> | 42b | X |

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.? If 'Yes,' enter the name of the foreign country: <u>Armenia and Artsakh</u> | 42c | X |
|---|---|-----|---|

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

| | | 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 |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000..... ▶ _____

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000..... ▶ _____

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

Sign Here

▶ _____ Date _____

▶ _____
Type or print name and title.

Paid Preparer's Use Only

| | | | |
|--|------|---|--|
| Preparer's signature ▶ Fausto Hinojosa, CPA, CFE | Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's Identifying Number (See instructions) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Price, Paige and Company 677 Scott Avenue Clovis, CA 93612 | | EIN ▶ N/A | Phone no. ▶ (559) 299-9540 |

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

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Armenian Technology Group, Inc.** Employer identification number: **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.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|-----|----|
| 11 g (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| 11 g (ii) a family member of a person described in (i) above? | | |
| 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organizations.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ... | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| 4 Total. Add lines 1-through 3 ... | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ... | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning 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 from 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 activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14. | 15 | % |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal yr beginning 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.') .. | 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 purpose | | | | | | 0. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 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 Total. Add lines 1 through 5. | 487,465. | 519,058. | 1,640,309. | 261,099. | 239,504. | 3,147,435. |
| 7a 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 year. | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 3,147,435. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|------------|----------|----------|------------|
| 9 Amounts from line 6. | 487,465. | 519,058. | 1,640,309. | 261,099. | 239,504. | 3,147,435. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 278. | 1,747. | 5,446. | 134. | 19. | 7,624. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 278. | 1,747. | 5,446. | 134. | 19. | 7,624. |
| 11 Net income from unrelated business activities not included in line 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 lns 9, 10c, 11, and 12.) | | | | | | 3,155,059. |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.8 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 96.8 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.2 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 0.4 % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

Schedule 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

Armenian Technology Group, Inc.

Employer identification number

77-0316548

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Armenian Technology Group, Inc.

77-0316548

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Adrian & Valerie Parsegian 3935 Legation St., N.W. Washington, DC 20015 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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 given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$ | |
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|--|---|
| Name of organization Armenian Technology Group, Inc. | Employer identification number 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.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

| | | | |
|--------------------|-------|----|-------------|
| Miscellaneous..... | | \$ | 524. |
| | Total | \$ | <u>524.</u> |

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|-------------------------------------|-------|--------------------|
| Depreciation..... | \$ | 13,036. |
| Gain/Loss on Currency Exchange..... | | -560. |
| Insurance..... | | 4,541. |
| Interest..... | | 257. |
| International Cargo..... | | 700. |
| Inventory Adjustment..... | | -9,700. |
| Office Expenses..... | | 15,705. |
| Research & Development..... | | 76,075. |
| Supplies..... | | 75,576. |
| Travel..... | | 738. |
| Vehicle Expenses..... | | 7,642. |
| | Total | \$ <u>184,010.</u> |

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

| | Beginning | Ending |
|--|--------------------------|--------------------|
| Accounts Receivable..... | \$ 5,795. | \$ 4,113. |
| Automobiles..... | 8,954. | 700. |
| Furniture and Fixtures..... | 8,870. | 4,619. |
| Inventories..... | 57,167. | 66,207. |
| Machinery and Equipment..... | 127,027. | 121,587. |
| Prepaid Expenses and Deferred Charges..... | 6,842. | 6,845. |
| | Total \$ <u>214,655.</u> | \$ <u>204,071.</u> |

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

| | Beginning | Ending |
|--|-------------------------|-------------------|
| Accounts Payable and Accrued Expenses..... | \$ 18,488. | \$ 22,955. |
| Deferred Compensation..... | 0. | 6,000. |
| | Total \$ <u>18,488.</u> | \$ <u>28,955.</u> |

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. |

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 | Compensation | Contribution to EBP & DC | Expense Account/Other |
|--|--|--------------|--------------------------|-----------------------|
| 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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization Armenian Technology Group, Inc. | Employer identification number 77-0316548 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. PO Box 5969 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fresno, CA 93755 | |

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

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

• The books are in the care of. ▶ Varoujan Der Simonian

Telephone No. ▶ 559-224-1000 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 12/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
▶ calendar year 20__ or
▶ tax year beginning 5/01, 20 09, and ending 4/30, 20 10.

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

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

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

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

| | |
|---|--|
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization Armenian Technology Group, Inc. |
| | Employer identification number 77-0316548 |
| | Number, street, and room or suite number. If a P.O. box, see instructions. Price, Paige and Company 677 Scott Avenue |
| | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Clovis, CA 93612 |

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

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

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

The books are in care of. Varoujan Der Simonian
Telephone No. 559-224-1000 FAX No.

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

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

- I request an additional 3-month extension of time until 3/15, 20 11.
- For calendar year _____, or other tax year beginning 5/01, 20 09, and ending 4/30, 20 10.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension. . . Awaiting further information to complete tax return.

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

Signature and Verification

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

Signature [Signature] Title CPA Date 12/2/10

2009

California Exempt Organization Annual Information Return

199

Calendar year 2009 or fiscal year beginning month 05 day 01 year 2009, and ending month 04 day 30 year 2010

| | | |
|--|--|-------------------|
| A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | B Type of organization Exempt under Section 23701 . . . D (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust . . . <input type="checkbox"/> | CORP # 1523452 |
|--|--|-------------------|

| | |
|---|--------------------|
| Corporation/Organization Name ARMENIAN TECHNOLOGY GROUP, INC. | FEIN 77-0316548 |
|---|--------------------|

Address
PO BOX 5969

City **FRESNO, CA 93755** State ZIP Code

| | |
|--|---|
| <p>C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If 'Yes,' enter the number of affiliates</p> <p>c Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If 'No,' attach a list. See instructions.)</p> <p>d Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e Federal Group Exemption Number</p> <p>f Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date</p> <p>F Check the box if the organization filed the following federal forms or schedule: 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990PF 3 <input type="checkbox"/> (Schedule H) 990</p> <p>G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public</p> | <p>contributions, check box. See General Instruction F. No filing fee is required <input checked="" type="checkbox"/></p> <p>H Accounting method used. . . 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources \$</p> <p>L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|---|

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | | |
|------------------------------|----|---|---|----|----------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | ● | 1 | 56,710. |
| | 2 | Gross dues and assessments from members and affiliates. | ● | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. . . B | ● | 3 | 239,504. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C. | ● | 4 | 296,214. |
| | 5 | Cost of goods sold | ● | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold | ● | 6 | |
| | 7 | Total costs. Add line 5 and line 6. | ● | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | ● | 8 | 296,214. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | ● | 9 | 288,890. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | ● | 10 | 7,324. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | ● | 11 | |
| | 12 | Total payments | ● | 12 | |
| | 13 | Penalties and Interest. See General Instruction J. | ● | 13 | |
| | 14 | Use tax. See General Instruction K. | ● | 14 | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | ● | 15 | |

| | | | | | |
|---|--|------------------------|---|----------------------------------|---------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | Signature of officer ▶ | Title | Date | Telephone 559-224-1000 |
| Paid Preparer's Use Only | Preparer's signature ▶ FAUSTO HINOJOSA, CPA, CFE | Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN/PTIN P00196912 | |
| | Firm's name (or yours, if self-employed) and address ▶ PRICE, PAIGE AND COMPANY | | | FEIN 77-0203007 | |
| | 677 SCOTT AVENUE | | | Telephone (559) 299-9540 | |
| | CLOVIS, CA 93612 | | | | |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|------------------------------------|----|--|---|----|----------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions..... | ● | 1 | |
| | 2 | Interest..... | ● | 2 | |
| | 3 | Dividends..... | ● | 3 | |
| | 4 | Gross rents..... | ● | 4 | |
| | 5 | Gross royalties..... | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See Instructions)..... | ● | 6 | |
| | 7 | Other income. Attach schedule..... SEE STATEMENT .1 | ● | 7 | 56,710. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1..... | | 8 | 56,710. |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule..... | ● | 9 | |
| | 10 | Disbursements to or for members..... | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule .. SEE STATEMENT .2 | ● | 11 | 28,850. |
| | 12 | Other salaries and wages..... | ● | 12 | 32,195. |
| | 13 | Interest..... | ● | 13 | 257. |
| | 14 | Taxes..... | ● | 14 | |
| | 15 | Rents..... | ● | 15 | 14,640. |
| | 16 | Depreciation and depletion (See Instructions)..... | ● | 16 | |
| | 17 | Other. Attach schedule..... SEE STATEMENT .3 | ● | 17 | 212,948. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9..... | | 18 | 288,890. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|--|----------------------------------|------------|----------------------------|------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash..... | | 88,348. | ● | 119,843. |
| 2 | Net accounts receivable..... | | 5,795. | ● | 4,113. |
| 3 | Net notes receivable. Attach schedule..... | | | ● | |
| 4 | Inventories..... | | 57,167. | ● | 66,207. |
| 5 | Federal and state government obligations..... | | | ● | |
| 6 | Investments in other bonds. Attach sch..... | | | ● | |
| 7 | Investments in stock. Attach schedule..... | | | ● | |
| 8 | Mortgage loans (number of loans _____) | | | ● | |
| 9 | Other investments. Attach schedule..... | | | ● | |
| 10 a | Depreciable assets..... | 377,431. | | 375,413. | |
| b | Less accumulated depreciation..... | 135,882. | 241,549. | 154,729. | 220,684. |
| 11 | Land..... | | 107,025. | ● | 106,825. |
| 12 | Other assets. Attach schedule..... STM .4 | | 6,842. | ● | 6,845. |
| 13 | Total assets..... | | 506,726. | | 524,517. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable..... | | 18,488. | ● | 22,955. |
| 15 | Contributions, gifts, or grants payable..... | | | ● | |
| 16 | Bonds and notes payable. Attach schedule..... | | | ● | |
| 17 | Mortgages payable..... | | | ● | |
| 18 | Other liabilities. Attach schedule..... STM .5 | | | | 6,000. |
| 19 | Capital stock or principle fund..... | | | ● | |
| 20 | Paid-in or capital surplus. Attach reconciliation..... | | | ● | |
| 21 | Retained earnings or income fund..... | | 488,238. | ● | 495,562. |
| 22 | Total liabilities and net worth..... | | 506,726. | | 524,517. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|---|---|---|--------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | |
| 1 | Net income per books..... | ● | 7,324. |
| 2 | Federal income tax..... | ● | |
| 3 | Excess of capital losses over capital gains..... | ● | |
| 4 | Income not recorded on books this year. Attach schedule..... | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule..... | ● | |
| 6 | Total. Add line 1 through line 5..... | | 7,324. |
| 7 | Income recorded on books this year not included in this return. Attach schedule..... | ● | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule..... | ● | |
| 9 | Total. Add line 7 and line 8..... | | |
| 10 | Net income per return. Subtract line 9 from line 6..... | | 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

Name of the organization

Armenian Technology Group, Inc.

Employer identification number

77-0316548

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Armenian Technology Group, Inc.

77-0316548

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 2 | Adrian & Valerie Parsegian ----- 3935 Legation St., N.W. ----- Washington, DC 20015 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

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

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|------------------------|--|--|
| | N/A | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 1
Form 199, Part II, Line 7
Other Income

| | | |
|------------------------------|-----------|----------------|
| Miscellaneous..... | \$ | 524. |
| Other Investment Income..... | | 19. |
| Program Service Revenue..... | | 56,167. |
| Total | \$ | 56,710. |

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

Current Officers:

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Contri- bution to EBP & DC</u> | <u>Expense Account/ Other</u> |
|--|---|---------------------------|---|---------------------------------------|
| 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. |
| 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. |

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 Per Week Devoted | Compen- sation | 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 | | <u>\$ 28,850.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

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

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

Statement 4
Form 199, Schedule L, Line 12
Other Assets

| | |
|--|---------------|
| Prepaid Expenses and Deferred Charges..... | 6,845. |
| Total \$ | <u>6,845.</u> |

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

| | |
|----------------------------|---------------|
| Deferred Compensation..... | 6,000. |
| Total \$ | <u>6,000.</u> |

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

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.



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

| | |
|---|---|
| State Charity Registration Number <u>085975</u> <hr/> ARMENIAN TECHNOLOGY GROUP, INC. <small>Name of Organization</small> <hr/> PO BOX 5969 <small>Address (Number and Street)</small> <hr/> FRESNO, CA 93755 <small>City or Town</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <u>1523452</u> <hr/> Federal Employer ID No. <u>77-0316548</u> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 5/01/09 ending 4/30/10) list:
 Gross annual revenue \$ 296,214. Total assets \$ 524,517.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Organization's area code and telephone number 559-224-1000

Organization's e-mail address ATGFRESNO@YAHOO.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____

**Short Form
Return of Organization Exempt From Income Tax**

2009

**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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 5/01, 2009, and ending 4/30, 2010

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

C Please use IRS label or print or type. See Specific Instructions.
 Armenian Technology Group, Inc.
 PO Box 5969
 Fresno, CA 93755

D Employer identification number 77-0316548

E Telephone number 559-224-1000

F Group Exemption Number..... ▶

G Accounting method: Cash Accrual
 Other (specify) ▶

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

I Website: ▶ www.atgusa.org

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 296,214.

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) | | | | |
|---|--|---|----|----------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received..... | 1 | 239,504. |
| | 2 | Program service revenue including government fees and contracts..... | 2 | 56,167. |
| | 3 | Membership dues and assessments..... | 3 | |
| | 4 | Investment income..... | 4 | 19. |
| | 5a | Gross amount from sale of assets other than inventory..... | 5a | |
| | 5b | Less: cost or other basis and sales expenses..... | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)..... | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1)..... | 6a | |
| | 6b | Less: direct expenses other than fundraising expenses..... | 6b | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)..... | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances..... | 7a | | |
| 7b | Less: cost of goods sold..... | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)..... | 7c | | |
| | 8 | Other revenue (describe ▶ <u>See Statement 1</u>)..... | 8 | 524. |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶ | 9 | 296,214. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule)..... | 10 | |
| | 11 | Benefits paid to or for members..... | 11 | |
| | 12 | Salaries, other compensation, and employee benefits..... | 12 | 61,045. |
| | 13 | Professional fees and other payments to independent contractors..... | 13 | 18,896. |
| | 14 | Occupancy, rent, utilities, and maintenance..... | 14 | 14,640. |
| | 15 | Printing, publications, postage, and shipping..... | 15 | 10,299. |
| | 16 | Other expenses (describe ▶ <u>See Statement 2</u>)..... | 16 | 184,010. |
| | 17 | Total expenses. Add lines 10 through 16..... ▶ | 17 | 288,890. |
| ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)..... | 18 | 7,324. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... | 19 | 488,238. |
| | 20 | Other changes in net assets or fund balances (attach explanation)..... | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶ | 21 | 495,562. |

| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) | | |
|--|--|-----------------|
| | (A) Beginning of year | (B) End of year |
| 22 | Cash, savings, and investments..... 88,348. | 22 119,843. |
| 23 | Land and buildings..... 203,723. | 23 200,603. |
| 24 | Other assets (describe ▶ <u>See Statement 3</u>)..... 214,655. | 24 204,071. |
| 25 | Total assets 506,726. | 25 524,517. |
| 26 | Total liabilities (describe ▶ <u>See Statement 4</u>)..... 18,488. | 26 28,955. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21)..... 488,238. | 27 495,562. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 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 | | X |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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? | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 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 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | N/A |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | 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 | 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 | 40b | 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. |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 0. |
| 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 | 40e | X |
| 41 | List the states with which a copy of this return is filed | CA | |

42a The organization's books are in care of Varoujan Der Simonian Telephone no. 559-224-1000
 Located at 1300 E. Shaw, Ste. 131 ZIP + 4 93710

| | Yes | No | |
|---|---|-----|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <u>Armenia and Artsakh</u> | 42b | X |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <u>Armenia and Artsakh</u> | 42c | X |

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

| | 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 |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000..... ▶ _____

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000..... ▶ _____

Sign Here

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

▶ _____ Signature of officer Date _____

▶ _____ Type or print name and title.

Paid Preparer's Use Only

| | | | |
|--|------|---|--|
| Preparer's signature ▶ Fausto Hinojosa, CPA, CFE | Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's Identifying Number (See instructions) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Price, Paige and Company 677 Scott Avenue Clovis, CA 93612 | | EIN ▶ N/A | Phone no. ▶ (559) 299-9540 |

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

| | |
|--|---|
| Name of the organization Armenian Technology Group, Inc. | Employer identification number 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.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-------------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) 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 | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") . . . | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 4 Total. Add lines 1-through 3 . . . | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning 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 from 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 activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14. | 15 | % |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 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. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal yr beginning 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'.) .. | 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 purpose | | | | | | 0. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 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 Total. Add lines 1 through 5. | 487,465. | 519,058. | 1,640,309. | 261,099. | 239,504. | 3,147,435. |
| 7a 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 year. | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 3,147,435. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|------------|----------|----------|------------|
| 9 Amounts from line 6. | 487,465. | 519,058. | 1,640,309. | 261,099. | 239,504. | 3,147,435. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 278. | 1,747. | 5,446. | 134. | 19. | 7,624. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 278. | 1,747. | 5,446. | 134. | 19. | 7,624. |
| 11 Net income from unrelated business activities not included in line 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 lns 9, 10c, 11, and 12.) | | | | | | 3,155,059. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.8 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15. | 16 | 96.8 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.2 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17. | 18 | 0.4 % |

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

Schedule 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

Armenian Technology Group, Inc.

Employer identification number

77-0316548

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Armenian Technology Group, Inc.

Employer identification number

77-0316548

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | Adrian & Valerie Parsegian 3935 Legation St., N.W. Washington, DC 20015 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Armenian Technology Group, Inc.

Employer identification number

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.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, 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 |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

Client FH135

Armenian Technology Group, Inc.

77-0316548

2/02/11

10:26AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

| | | |
|--------------------|-----------|--------------------|
| Miscellaneous..... | \$ | 524. |
| Total | \$ | <u>524.</u> |

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|-------------------------------------|-----------|------------------------|
| Depreciation..... | \$ | 13,036. |
| Gain/Loss on Currency Exchange..... | | -560. |
| Insurance..... | | 4,541. |
| Interest..... | | 257. |
| International Cargo..... | | 700. |
| Inventory Adjustment..... | | -9,700. |
| Office Expenses..... | | 15,705. |
| Research & Development..... | | 76,075. |
| Supplies..... | | 75,576. |
| Travel..... | | 738. |
| Vehicle Expenses..... | | 7,642. |
| Total | \$ | <u>184,010.</u> |

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|--|---------------------------|---------------------------|
| Accounts Receivable..... | \$ 5,795. | \$ 4,113. |
| Automobiles..... | 8,954. | 700. |
| Furniture and Fixtures..... | 8,870. | 4,619. |
| Inventories..... | 57,167. | 66,207. |
| Machinery and Equipment..... | 127,027. | 121,587. |
| Prepaid Expenses and Deferred Charges..... | 6,842. | 6,845. |
| Total | \$ <u>214,655.</u> | \$ <u>204,071.</u> |

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

| | <u>Beginning</u> | <u>Ending</u> |
|--|--------------------------|--------------------------|
| Accounts Payable and Accrued Expenses..... | \$ 18,488. | \$ 22,955. |
| Deferred Compensation..... | 0. | 6,000. |
| Total | \$ <u>18,488.</u> | \$ <u>28,955.</u> |

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. |

**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 \$ 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 ID | ASSET BALANCES | | | | DEPRECIATION | | | | Net Book Value | |
|-------------------------------|---|-----------|-----------|-----------|--------------|------------------------------|----------------|-----------|----------------|--------------|
| | Beginning | Additions | Deletions | Ending | Beg. Balance | Depr Exp & AFYD Sec 179/179A | Oth. Additions | Deletions | | End. Balance |
| Asset GL Acct #: 1812 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000625 | Lateral file, open, six shelves w/ brackets (Donated) | 900.00 | 0.00 | 0.00 | 128.57 | 0.00 | 0.00 | 0.00 | 728.56 | 171.44 |
| 000695 | Server & Modem | 1,573.55 | 0.00 | 0.00 | 157.36 | 0.00 | 0.00 | 0.00 | 445.85 | 1,127.70 |
| Subtotal: {no value} | | 2,473.55 | 0.00 | 2,473.55 | 285.93 | 0.00 | 0.00 | 0.00 | 1,174.41 | 1,299.14 |
| (2) | | | | | | | | | | |
| Class: Office Machines | | | | | | | | | | |
| 000485 | Panasonic Copier | 1,500.00 | 0.00 | 1,500.00 | 150.00 | 0.00 | 0.00 | 0.00 | 1,150.00 | 350.00 |
| 000515 | ATT 4 Line Telephone System | 1,117.09 | 0.00 | 1,117.09 | 111.71 | 0.00 | 0.00 | 0.00 | 698.19 | 418.90 |
| Subtotal: Office Machines (2) | | 2,617.09 | 0.00 | 2,617.09 | 261.71 | 0.00 | 0.00 | 0.00 | 1,848.19 | 768.90 |
| Subtotal: 1812 (4) | | 5,090.64 | 0.00 | 5,090.64 | 547.64 | 0.00 | 0.00 | 0.00 | 3,022.60 | 2,068.04 |
| Asset GL Acct #: 1813 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000316 | Computer & Equipment | 3,992.17 | 0.00 | 3,992.17 | 399.22 | 0.00 | 0.00 | 0.00 | 3,958.93 | 33.24 |
| 000445 | 1784 Office Furniture | 1,390.12 | 0.00 | 1,390.12 | 139.01 | 0.00 | 0.00 | 0.00 | 1,274.26 | 115.86 |
| 000450 | 1616 - 12 Chairs for ATGF office | 537.48 | 0.00 | 537.48 | 53.75 | 0.00 | 0.00 | 0.00 | 497.19 | 40.29 |
| 000455 | 1749 10 Chairs for ATGF office | 908.87 | 0.00 | 908.87 | 90.89 | 0.00 | 0.00 | 0.00 | 833.16 | 75.71 |
| 000460 | 1765 Office Furniture | 639.25 | 0.00 | 639.25 | 63.93 | 0.00 | 0.00 | 0.00 | 586.02 | 53.23 |
| 000465 | 1827 Office Furniture | 608.81 | 0.00 | 608.81 | 60.88 | 0.00 | 0.00 | 0.00 | 552.99 | 55.82 |
| 000680 | Computer - Pentium 6 | 755.56 | 0.00 | 755.56 | 75.56 | 0.00 | 0.00 | 0.00 | 214.08 | 541.48 |
| 000705 | Toshiba Projector | 980.00 | 0.00 | 980.00 | 98.00 | 0.00 | 0.00 | 0.00 | 212.33 | 767.67 |
| 000715 | Canon LBP Printer 2900 | 141.94 | 0.00 | 141.94 | 14.19 | 0.00 | 0.00 | 0.00 | 30.75 | 111.19 |
| 000720 | Gaz Hiter Nikala Big | 171.88 | 0.00 | 171.88 | 17.19 | 0.00 | 0.00 | 0.00 | 42.97 | 128.91 |
| Subtotal: {no value} | | 10,126.08 | 0.00 | 10,126.08 | 7,190.06 | 1,012.62 | 0.00 | 0.00 | 8,202.68 | 1,923.40 |
| (10) | | | | | | | | | | |
| Class: Office Machines | | | | | | | | | | |
| 000435 | UMAX, Astra 1200S-DLX Scanner | 161.61 | 0.00 | 161.61 | 161.61 | 0.00 | 0.00 | 0.00 | 161.61 | 0.00 |
| 000490 | Office Equipment | | | | | | | | | |

| Asset ID | ASSET BALANCES | | | DEPRECIATION | | | | Net Book Value | | |
|-------------------------------|---|-----------|-----------|--------------|--------------|------------------------------|----------------|----------------|-----------|--------------|
| | Beginning | Additions | Deletions | Ending | Beg. Balance | Depr Exp & AFYD Sec 179/179A | Oth. Additions | | Deletions | End. Balance |
| Asset GL Acct #: 1813 | | | | | | | | | | |
| Class: Office Machines | | | | | | | | | | |
| | 2,151.00 | 0.00 | 0.00 | 2,151.00 | 1,308.52 | 215.10 | 0.00 | 0.00 | 1,523.62 | 627.38 |
| Subtotal: Office Machines (2) | 2,312.61 | 0.00 | 0.00 | 2,312.61 | 1,470.13 | 215.10 | 0.00 | 0.00 | 1,685.23 | 627.38 |
| Subtotal: 1813 (12) | 12,438.69 | 0.00 | 0.00 | 12,438.69 | 8,660.19 | 1,227.72 | 0.00 | 0.00 | 9,887.91 | 2,550.78 |
| Asset GL Acct #: 1822 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000690 | Bulgur Machine | 5,159.85 | 0.00 | 5,159.85 | 1,044.25 | 737.12 | 0.00 | 0.00 | 1,781.37 | 3,378.48 |
| Subtotal: {no value} (1) | | 5,159.85 | 0.00 | 5,159.85 | 1,044.25 | 737.12 | 0.00 | 0.00 | 1,781.37 | 3,378.48 |
| Class: Lab Equip | | | | | | | | | | |
| 000520 | 2 Stainless Steel Milk Cooling Tanks (1000 gal.) | 8,200.00 | 0.00 | 8,200.00 | 4,168.33 | 820.00 | 0.00 | 0.00 | 4,988.33 | 3,211.67 |
| 000525 | 2 Stainless Steel Milk Cooling Tanks (800 gal) | 6,600.00 | 0.00 | 6,600.00 | 3,355.00 | 660.00 | 0.00 | 0.00 | 4,015.00 | 2,585.00 |
| 000530 | 4 Condenser Units, 5hp 220v/50hz | 12,188.56 | 0.00 | 12,188.56 | 6,195.87 | 1,218.86 | 0.00 | 0.00 | 7,414.73 | 4,773.83 |
| 000535 | Fittings for setup of tanks and condensor unit, 5hp 220v/50hz | 1,382.84 | 0.00 | 1,382.84 | 702.92 | 138.28 | 0.00 | 0.00 | 841.20 | 541.64 |
| Subtotal: Lab Equip (4) | | 28,371.40 | 0.00 | 28,371.40 | 14,422.12 | 2,837.14 | 0.00 | 0.00 | 17,259.26 | 11,112.14 |
| Subtotal: 1822 (5) | | 33,531.25 | 0.00 | 33,531.25 | 15,466.37 | 3,574.26 | 0.00 | 0.00 | 19,040.63 | 14,490.62 |
| Asset GL Acct #: 1851 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000195 | Farm Equipment-RA | 47,833.37 | 0.00 | 47,833.37 | 47,833.37 | 0.00 | 0.00 | 0.00 | 47,833.37 | 0.00 |
| 000670 | Grafting Machine - Omega Uno | 3,604.65 | 0.00 | 3,604.65 | 1,622.09 | 720.93 | 0.00 | 0.00 | 2,343.02 | 1,261.63 |
| 000745 | Haybuster Drill Model 77 | 16,450.00 | 0.00 | 16,450.00 | 2,350.00 | 2,350.00 | 0.00 | 0.00 | 4,700.00 | 11,750.00 |
| 000750 | Crating, Haybuster Drill Model 77 | 429.48 | 0.00 | 429.48 | 46.02 | 61.35 | 0.00 | 0.00 | 107.37 | 322.11 |
| 000755 | 15940 Agr Drill to RA | 709.94 | 0.00 | 709.94 | 67.61 | 101.42 | 0.00 | 0.00 | 169.03 | 540.91 |
| Subtotal: {no value} (5) | | 69,027.44 | 0.00 | 69,027.44 | 51,919.09 | 3,233.70 | 0.00 | 0.00 | 55,152.79 | 13,874.65 |
| Class: Farm Equip | | | | | | | | | | |
| 000205 | Steam Cleaner | 4,098.36 | 0.00 | 4,098.36 | 4,098.36 | 0.00 | 0.00 | 0.00 | 4,098.36 | 0.00 |
| 000495 | Tilt Trailer | 1,000.00 | 0.00 | 1,000.00 | 1,000.00 | 0.00 | 0.00 | 0.00 | 1,000.00 | 0.00 |
| 000505 | Forklift | 2,600.00 | 0.00 | 2,600.00 | 2,600.00 | 0.00 | 0.00 | 0.00 | 2,600.00 | 0.00 |
| 000510 | Tractor | 3,600.00 | 0.00 | 3,600.00 | 3,600.00 | 0.00 | 0.00 | 0.00 | 3,600.00 | 0.00 |
| 000540 | CM-4 Seed Cleaning Machine | | 0.00 | | | 0.00 | 0.00 | 0.00 | | |

| Asset ID | ASSET BALANCES | | | DEPRECIATION | | | | Net Book Value | | |
|-----------------------|--------------------------------|-----------|-----------|--------------|--------------|------------------------------|----------------|----------------|-----------|--------------|
| | Beginning | Additions | Deletions | Ending | Beg. Balance | Depr Exp & AFYD Sec 179/179A | Oth. Additions | | Deletions | End. Balance |
| Asset GL Acct #: 1851 | | | | | | | | | | |
| Class: Farm Equip | | | | | | | | | | |
| 000545 | 880.00 | 0.00 | 0.00 | 880.00 | 880.00 | 0.00 | 0.00 | 0.00 | 880.00 | 0.00 |
| | Fertilizer Sprayer | | | | | | | | | |
| | 294.32 | 0.00 | 0.00 | 294.32 | 294.32 | 0.00 | 0.00 | 0.00 | 294.32 | 0.00 |
| 000550 | Single Bottom for Deep Plowing | | | | | | | | | 0.00 |
| | 622.10 | 0.00 | 0.00 | 622.10 | 622.10 | 0.00 | 0.00 | 0.00 | 622.10 | 0.00 |
| 000555 | Welding Machine | | | | | | | | | 99.03 |
| | 99.03 | 0.00 | 0.00 | 99.03 | 99.03 | 0.00 | 0.00 | 0.00 | 99.03 | 0.00 |
| 000560 | 7 Bottom Hydraulic Lift Plow | | | | | | | | | 1,700.36 |
| | 1,700.36 | 0.00 | 0.00 | 1,700.36 | 1,700.36 | 0.00 | 0.00 | 0.00 | 1,700.36 | 0.00 |
| 000570 | Portable Welding Machine | | | | | | | | | 624.42 |
| | 624.42 | 0.00 | 0.00 | 624.42 | 624.42 | 0.00 | 0.00 | 0.00 | 624.42 | 0.00 |
| | 15,518.59 | 0.00 | 0.00 | 15,518.59 | 15,518.59 | 0.00 | 0.00 | 0.00 | 15,518.59 | 0.00 |
| Subtotal: Farm Equip | | | | | | | | | | |
| (10) | | | | | | | | | | |
| Subtotal: 1851 (15) | 84,546.03 | 0.00 | 0.00 | 84,546.03 | 67,437.68 | 3,233.70 | 0.00 | 0.00 | 70,671.38 | 13,874.65 |
| Asset GL Acct #: 1852 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000630 | Drip System Irrigation | | | | | | | | | 1,309.05 |
| | 1,309.05 | 0.00 | 0.00 | 1,309.05 | 919.46 | 187.01 | 0.00 | 0.00 | 1,106.47 | 202.58 |
| 000660 | Kubota Tractor | | | | | | | | | 4,533.45 |
| | 4,533.45 | 0.00 | 0.00 | 4,533.45 | 3,551.20 | 906.69 | 0.00 | 0.00 | 4,457.89 | 75.56 |
| Subtotal: {no value} | 5,842.50 | 0.00 | 0.00 | 5,842.50 | 4,470.66 | 1,093.70 | 0.00 | 0.00 | 5,564.36 | 278.14 |
| (2) | | | | | | | | | | |
| Class: Farm Equip | | | | | | | | | | |
| 000200 | Farm Equipment - NK | | | | | | | | | 4,734.20 |
| | 4,734.20 | 0.00 | 0.00 | 4,734.20 | 4,734.20 | 0.00 | 0.00 | 0.00 | 4,734.20 | 0.00 |
| Subtotal: Farm Equip | 4,734.20 | 0.00 | 0.00 | 4,734.20 | 4,734.20 | 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 | 10,298.56 | 278.14 |
| Asset GL Acct #: 1861 | | | | | | | | | | |
| Class: {no value} | | | | | | | | | | |
| 000700 | Lada Vehicle | | | | | | | | | 6,000.00 |
| | 6,000.00 | 0.00 | 0.00 | 6,000.00 | 1,050.00 | 600.00 | 0.00 | 0.00 | 1,650.00 | 4,350.00 |
| Subtotal: {no value} | 6,000.00 | 0.00 | 0.00 | 6,000.00 | 1,050.00 | 600.00 | 0.00 | 0.00 | 1,650.00 | 4,350.00 |
| (1) | | | | | | | | | | |
| Class: Autos & Trucks | | | | | | | | | | |
| 000210 | Gazel Truck | | | | | | | | | 8,863.22 |
| | 8,863.22 | 0.00 | 0.00 | 8,863.22 | 8,863.22 | 0.00 | 0.00 | 0.00 | 8,863.22 | 0.00 |
| 000215 | KAMAZ 5511 Truck | | | | | | | | | 5,440.00 |
| | 5,440.00 | 0.00 | 0.00 | 5,440.00 | 5,440.00 | 0.00 | 0.00 | 0.00 | 5,440.00 | 0.00 |
| 000475 | 1994 Ford Maverick (used) | | | | | | | | | 12,500.00 |
| | 12,500.00 | 0.00 | 0.00 | 12,500.00 | 12,500.00 | 0.00 | 0.00 | 0.00 | 12,500.00 | 0.00 |
| 000500 | Automobile - Nada 06 | | | | | | | | | 2,400.00 |
| | 2,400.00 | 0.00 | 0.00 | 2,400.00 | 1,460.00 | 240.00 | 0.00 | 0.00 | 1,700.00 | 700.00 |
| 000575 | Niva Automobile | | | | | | | | | 6,450.00 |
| | 6,450.00 | 0.00 | 0.00 | 6,450.00 | 3,386.25 | 645.00 | 0.00 | 0.00 | 4,031.25 | 2,418.75 |

| Asset ID | ASSET BALANCES | | | | DEPRECIATION | | | | Net Book Value | |
|---|---------------------------------------|-----------|-----------|------------|--------------|------------------------------|----------------|-----------|----------------|--------------|
| | Beginning | Additions | Deletions | Ending | Beg. Balance | Depr Exp & AFYD Sec 179/179A | Oth. Additions | Deletions | | End. Balance |
| Asset GL Acct #: 1861 Subtotal: Autos & Trucks (5) | 35,653.22 | 0.00 | 0.00 | 35,653.22 | 31,649.47 | 885.00 | 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 | 34,184.47 | 7,468.75 |
| Asset GL Acct #: 1862 Class: Autos & Trucks ZIL Truck | 2,000.00 | 0.00 | 0.00 | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 2,000.00 | 0.00 |
| Subtotal: Autos & Trucks (1) | 2,000.00 | 0.00 | 0.00 | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 2,000.00 | 0.00 |
| Subtotal: 1862 (1) | 2,000.00 | 0.00 | 0.00 | 2,000.00 | 2,000.00 | 0.00 | 0.00 | 0.00 | 2,000.00 | 0.00 |
| Asset GL Acct #: 1891 Class: Land & Buildings Land | 82,341.31 | 0.00 | 0.00 | 82,341.31 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 82,341.31 |
| 000585 | Land - Talvorik Village 1.4 ha (ATGF) | 938.75 | 0.00 | 938.75 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 938.75 |
| 000590 | Land - Talvorik Village 0.7 ha (ATGF) | 444.59 | 0.00 | 444.59 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 444.59 |
| 000595 | Land - Aratashen Village 14.8 ha | 23,100.00 | 0.00 | 23,100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 23,100.00 |
| Subtotal: Land & Buildings (4) | 106,824.65 | 0.00 | 0.00 | 106,824.65 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 106,824.65 |
| Subtotal: 1891 (4) | 106,824.65 | 0.00 | 0.00 | 106,824.65 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 106,824.65 |
| Asset GL Acct #: 1892 Class: {no value} Paving/Warehouse | 3,359.00 | 0.00 | 0.00 | 3,359.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,359.00 |
| 000710 | NK Warehouse Improvements | 17,104.11 | 0.00 | 17,104.11 | 1,425.34 | 1,140.27 | 0.00 | 0.00 | 2,565.61 | 14,538.50 |
| Subtotal: {no value} (2) | 20,463.11 | 0.00 | 0.00 | 20,463.11 | 1,425.34 | 1,140.27 | 0.00 | 0.00 | 2,565.61 | 17,897.50 |
| Class: Land & Buildings NK Land & Building | 5,485.06 | 0.00 | 0.00 | 5,485.06 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,485.06 |
| 000225 | Warehouse Improvements | 5,485.06 | 0.00 | 5,485.06 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,485.06 |
| Subtotal: Land & Buildings (1) | 25,948.17 | 0.00 | 0.00 | 25,948.17 | 1,425.34 | 1,140.27 | 0.00 | 0.00 | 2,565.61 | 23,382.56 |
| Subtotal: 1892 (3) | 25,948.17 | 0.00 | 0.00 | 25,948.17 | 1,425.34 | 1,140.27 | 0.00 | 0.00 | 2,565.61 | 23,382.56 |
| Asset GL Acct #: 18981 Class: {no value} Warehouse Improvements | 79,133.64 | 0.00 | 0.00 | 79,133.64 | 6,759.33 | 1,978.34 | 0.00 | 0.00 | 8,737.67 | 70,395.97 |
| 000665 | Warehouse Improvements | 79,133.64 | 0.00 | 79,133.64 | 6,759.33 | 1,978.34 | 0.00 | 0.00 | 8,737.67 | 70,395.97 |
| Subtotal: {no value} (1) | 79,133.64 | 0.00 | 0.00 | 79,133.64 | 6,759.33 | 1,978.34 | 0.00 | 0.00 | 8,737.67 | 70,395.97 |
| Subtotal: 18981 (1) | 79,133.64 | 0.00 | 0.00 | 79,133.64 | 6,759.33 | 1,978.34 | 0.00 | 0.00 | 8,737.67 | 70,395.97 |

| Asset ID | ASSET BALANCES | | | | DEPRECIATION | | | | Net Book Value | |
|--------------------|----------------|-----------|-----------|------------|--------------|-----------------|--------------|----------------|----------------|------------|
| | Beginning | Additions | Deletions | Ending | Beg. Balance | Depr Exp & AFYD | Sec 179/179A | Oth. Additions | | Deletions |
| | 401,742.99 | 0.00 | 0.00 | 401,742.99 | 146,128.20 | 14,280.63 | 0.00 | 0.00 | 0.00 | 160,408.83 |
| Grand Total | | | | | | | | | | 241,334.16 |