Ŷ		Car.		•		•	_					
	Form	, 9̈́90-T̈́	E	xempt Organization Bus	sine	ss Income T	ax Return	L	OMB No 1545-0047			
	7 (1111			(and proxy tax und			1010					
			For calendar year 2019 or other tax year beginning and ending						2N19			
	G.		Go to www irs gov/Form990T for instructions and the latest information									
		rtment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)						Open to Public Inspection for 501(c)(3) Organizations Only			
	ΑĪ	Check box if address changed		Name of organization / Check box if name changed and see instructions )					oyer identification number oyees trust, see			
	_			, <u></u>	3	,			ctions)			
•	B E	xempt under section	Print	ARMENIAN GENERAL BENEV	OLE	NT UNION		1	3-5600421			
		501(C9/3_) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.					ated business activity code			
				55 EAST 59TH STREET					isuactions ;			
		408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code								
		529(a)		NEW YORK, NY 10022	·	,						
	C Bo	ok value of all assets end of year		F Group exemption number (See instructions )	<b></b>							
	al	260,335,5	15.	G Check organization type ► X 501(c) cor	trust	Other trust						
	H En	iter the number of the o	related									
	tra	ide or business here	•	·		than one,						
	de	scribe the first in the bl										
	bu	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V										
	I Du	uring the tax year, was	Ye	s No								
	lf	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes If "Yes," enter the name and identifying number of the parent corporation										
				AHE KILJIAN		Telept	none number 🕨 2	12-	319-6383			
	₽ <b>Pa</b>	th Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses	3	(C) Net			
	1 a	Gross receipts or sale	s									
	b	Less returns and allow	vances	c Balance ▶	1c							
	2	Cost of goods sold (S	chedule	A, line 7)	2		W. S.		图第2 <b>人</b> 的对象			
	3	Gross profit. Subtract	line 2 fr	om line 1c	3		The start of	能的	• /			
	4 a	Capital gain net incom	e (attacl	h Schedule D)	4a	la and the analysis of	MANAGEMENT					
	b	Net gain (loss) (Form	1797, Part II, line 17) (attach Form 4797)  4b					認义				
	C	Capital loss deduction	for trus	its	FREATSIPPIN							
	5	Income (loss) from a	partners	hip or an S corporation (attach statement)	5							
	6	Rent income (Schedul	e C)		6	NOV 23 21	20					
	7	Unrelated debt-finance	ed incon	ne (Schedule E)	7	1101 2 0 21						
	8	Interest, annuities, roy	alties, ar	nd rents from a controlled organization (Schedule F)	8	Ogden, U	* /					
2	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9	,						
2	10	Exploited exempt activ	rity inco	me (Schedule I)	10-4		1					
0	11	Advertising income (S	•				ca bloom 2 to a relief of the	ture when we had	<del></del>			
83	12	Other income (See ins	truction	s, attach schedule)	12							
MAY	13	Total. Combine lines	3 through	gh 12	13	0.	<u>.</u>					
Z	ŧΡa	nt M Deduction	ns No	t Taken Elsewhere (See instructions for	or limit	ations on deductions)	ı					
				e directly connected with the unrelated busin	ess in	come )						
SCANNED	14		cers, dır	ectors, and trustees (Schedule K)	/			14				
3	15	Salaries and wages						15				
a	16	Repairs and maintena	ance /						<del> </del>			
ပ္တ	17	Bad debts						17				
Ua	18		dule) (see instructions)					18	<del> </del>			
B188	19	Taxes and licenses						19				
	20	Depreciation (attach Form 4562)				20						
	21		ımed on	Schedule A and elsewhere on return	21a			21b				
9	22	Depletion						22				
$\mathscr{Q}$	23	Contributions to defe		mpensation plans				23				
7.8	24	Employee benefit pro						24				
	25	Excess exempt exper			25 26							
	26	Excess readership costs (Schedule J)										
7	27	Other deductions (attach schedule)							0.			
بسا	28		Total deductions Add lines 14 through 27									
	29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13							0.			
	30		erating loss arising in tax years beginning on or after January 1, 2018						•			
	/	(see instructions)						30	0.			
	31	Unrelated business ta	ixable in	come Subtract line 30 from line 29				31	0.			

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2019)

	17(2019) ARMENIAN GENERAL BENEVOLENT UNION	13-200	JU421 Page 2
Part	Total Unrelated Business Taxable Income	<del>, ,</del>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subbact line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	28	1,000.
39, 1	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	_ 0.
Part	₩ Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income See instructions	44	
	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part			<del>.</del> _
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions)  46b		
	General business credit. Attach Form 3800 46c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)  46d		
	Total credits. Add lines 46a through 46d	46e	
	Subtract line 46e from line 45	47	0.
	Other taxes. Check If from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
		48	0.
	Total tax. Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments A 2018 overpayment credited to 2019	i l	
	2019 estimated tax payments	1	
	Tax deposited with Form 8868 516 3,800.	1 1	
	Foreign organizations Tax paid or withheld at source (see instructions)  51d		
	Backup withholding (see instructions)  51e		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		2 000
	Total payments Add lines 51a through 51g	52	3,800.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	<del></del>
	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	3,800.
	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56	3,800.
Part		<del></del>	<del></del>
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here   SEE STATEMENT 1		_ X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
C:	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ge and belief it is	true
Sign		y the IRS discuss	this return with
Here		preparer shown b	oelow (see
	Signature of officer Date Title ins	tructions)? X	Yes No
	Preparer's signature Date Check it	PTIN	
Paid	self- employed		
Prep	arer SARAH AVERY SARAH AVERY ( 11/11/20	P0147	
Use	Only Firm's name FRIEDMAN LLP Firm's EIN	13-16	10809
	100 EAGLE ROCK AVENUE, SUITE 200	· · ·	
	Firm's address ► EAST HANOVER, NJ 07936 Phone no (	<u>973) 92</u>	<u> 19-3500</u>
923711 0	11-27-20	Form	990-T (2019)