

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDREN OF ARMENIA FUND, INC. Doing Business As CHILDREN OF ARMENIA FUND (COAF)		D Employer identification number 11-3579187
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 162 FIFTH AVENUE 900	E Telephone number (212)994-8234	
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10010-5902		G Gross receipts \$ 3,069,777.
		F Name and address of principal officer: GARO H. ARMEN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: WWW.COAFKIDS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2000 **M State of legal domicile:** NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. COAF WORKS TO SECURE A FUTURE FOR CHILDREN IN ARMENIA'S IMPOVERISHED RURAL VILLAGES THROUGH	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of employees (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 13
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,260,491. Current Year 1,383,080.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,801. 51,252.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,309,292. 1,434,332.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,253,386. 899,126.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,896.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	36,250. 2,412.
	b	Total fundraising expenses (Part IX, column (D), line 25)	65,134.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	404,093. 387,131.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,751,625. 1,288,669.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-442,333. 145,663.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,229,944. End of Year 2,401,597.
	21	Total liabilities (Part X, line 26)	63,168. 48,642.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,166,776. 2,352,955.

Part II Signature Block

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

Sign Here: *Garo H. Armen*
 Signature of officer _____ Date _____
 GARO H. ARMEN, FOUNDER AND CHAIRMAN
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
 Check if self-employed:
 Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: LUTZ AND CARR, CPAS LLP
 300 EAST 42ND STREET
 NEW YORK, NY 10017
 EIN: _____
 Phone no.: 212-697-2299

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