

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning 2021, and ending 2020

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number		
<input type="checkbox"/> Address change	CHILDREN OF ARMENIA FUND, INC. DBA CHILDREN OF ARMENIA FUND (COAF) 149 5TH AVENUE - SUITE 500 NEW YORK, NY 10010	11-3579187		
<input type="checkbox"/> Name change		<b>E</b> Telephone number	(212) 994-8234	
<input type="checkbox"/> Initial return		<b>G</b> Gross receipts \$	10,208,755.	
<input type="checkbox"/> Final return/terminated		<b>F</b> Name and address of principal officer:	GARO H. ARMEN, PHD	<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Amended return		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? If "No," attach a list. See instructions. Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.COAF.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 2000	<b>M</b> State of legal domicile: NY		

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,518. 136.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9d, 10c, and 11e)	
12		Total revenue — add lines 8 through 11 (must equal Part VIII column (A), line 12)	6,735,805. 10,208,755.
Expenses		13	Grants and similar amounts paid (Part VIII, column (A), lines 1-3)
	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)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 388,068.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,074,077. 1,824,971.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,830,528. 5,392,272.
	19	Revenue less expenses. Subtract line 18 from line 12	1,905,277. 4,816,483.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 8,635,240. End of Year: 13,884,655.
	21	Total liabilities (Part X, line 26)	184,977. 216,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,450,263. 13,668,360.

**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.

<b>Sign Here</b>	Signature of officer: <i>Garo H. Armen</i>	Date: 11/15/22
	GARO H. ARMEN	CHAIRMAN
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: JOSEPH SACCO	Preparer's signature: JOSEPH SACCO	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P00970057
	Firm's name: RJSACCO & COMPANY LLP				
	Firm's address: 73 ALEXANDRIA DR MANALAPAN, NJ 07726	Firm's EIN: 45-3992401	Phone no. (609) 757-1010		

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