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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
110 WEST ROAD No 360

City or town, state or country, and ZIP + 4
BALTIMORE, MD 212042365

D Employer identification number
25-1679348

E Telephone number
(410) 243-9820

G Gross receipts $ 34,765,994

F Name and address of principal officer
CONSTANTINE M TRIANTAFIL
110 WEST ROAD No 360
BALTIMORE,MD 212042365

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IOCC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1992 | **M** State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
IOCC, IN THE SPIRIT OF CHRIST'S LOVE, OFFERS EMERGENCY RELIEF AND DEVELOPMENT PROGRAMS TO THOSE IN NEED WORLDWIDE, WITHOUT DISCRIMINATION, AND STRENGTHENS THE CAPACITY OF THE ORTHODOX CHURCH TO SO RESPOND

2 Check this box ▶ ☐ 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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	1,060
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	41,015,394	34,394,957
9	Program service revenue (Part VIII, line 2g)	544,070	113,100
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,101	35,132
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,440	126,153
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,711,005	34,669,342

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,805,818	29,791,047
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,581,488	4,177,696
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 705,953		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,774,962	8,724,218
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,162,268	42,692,961
19	Revenue less expenses Subtract line 18 from line 12	6,548,737	-8,023,619

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,049,154	11,648,269
21	Total liabilities (Part X, line 26)	1,104,239	751,946
22	Net assets or fund balances Subtract line 21 from line 20	18,944,915	10,896,323

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

****** | 2010-06-10
Signature of officer | Date

CONSTANTINE M TRIANTAFILOU CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Bill Turco			

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC, 9737 WASHINGTONIAN BLVD 400, GAITHERSBURG, MD 208787340

EIN ▶

Phone no ▶ (301) 296-3600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

IOCC, IN THE SPIRIT OF CHRIST'S LOVE, OFFERS EMERGENCY RELIEF AND DEVELOPMENT PROGRAMS TO THOSE IN NEED WORLDWIDE, WITHOUT DISCRIMINATION, AND STRENGTHENS THE CAPACITY OF THE ORTHODOX CHURCH TO SO RESPOND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 21,981,096 including grants of $ 25,978,594) (Revenue $)

Gift in Kind Programming in ARMENIA, CAMEROON, ETHIOPIA, GAZA, GEORGIA, JORDAN, LEBANON, SERBIA, SYRIA, WEST BANK, UKRAINE, USA, & ZIMBABWE

4b (Code) (Expenses $ 3,419,431 including grants of $ 50,071) (Revenue $)

Education programs in ARMENIA, ETHIOPIA, GEORGIA, LEBANON & SERBIA

4c (Code) (Expenses $ 4,785,407 including grants of $ 2,530,309) (Revenue $)

Disaster Relief in AUSTRALIA, GAZA, GEORGIA, GREECE, HAITI, KENYA, KOSOVO, LEBANON, NIGER, USA & ZIMBABWE

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 9,728,712 including grants of $ 1,232,073) (Revenue $ 113,100)

4e **Total program service expenses** ▶ $ 39,914,646

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**; **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	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)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ GR , ET , LE , IS , RO , GG , SY , JO , BK , IZ , RS See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	26		
b	Enter the number of voting members that are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD , AK , AL , AR , AZ , CA , CT , FL , GA , HI , KS , KY , MA , MI , MS , MN , NC , ND , NJ , NH , NM , NY , OH , OK , OR , PA , RI , SC , TN , VA , WA , WI , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TAMARA D SEGALL
110 WEST ROAD SUITE 360
baltimore,MD 21204
(410) 243-9820

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	375,607	0	43,739

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 214,211				
	b	Membership dues	1b				
	c	Fundraising events	1c 436,247				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 6,812,069				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 26,932,430				
	g	Noncash contributions included in lines 1a-1f $ 20,624,861					
	h	**Total.** Add lines 1a-1f		34,394,957			
Program Service Revenue			Business Code				
	2a	MICROCREDIT COLLECTION	900,099	113,100	113,100		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		113,100			
	3	Investment income (including dividends, interest and other similar amounts)		35,132			35,132
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 436,247 of contributions reported on line 1c) See Part IV, line 18	a 181,342				
	b	Less direct expenses	b 96,652				
	c	Net income or (loss) from fundraising events		84,690	84,690		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900,099	41,463			41,463
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		41,463			
	12	**Total revenue.** See Instructions		34,669,342	197,790	0	76,595

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,667,807	10,667,807		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	19,123,240	19,123,240		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	417,891	247,518	122,056	48,317
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,978,823	1,764,369	870,042	344,412
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,633	19,329	9,531	3,773
9	Other employee benefits	458,740	271,713	133,987	53,040
10	Payroll taxes	289,609	171,536	84,588	33,485
11	Fees for services (non-employees)				
a	Management				
b	Legal	80,300		80,300	
c	Accounting	106,563		106,563	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	1,261,973	1,155,781	106,192	
12	Advertising and promotion	205,911	45,592	85,195	75,124
13	Office expenses	849,333	655,626	185,800	7,907
14	Information technology	239,077	121,497	63,633	53,947
15	Royalties				
16	Occupancy				
17	Travel	882,611	684,321	127,453	70,837
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,660,685	2,616,316	33,200	11,169
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,347	6,571	13,221	555
23	Insurance	42,789	3,039	39,750	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	site support	1,175,772	1,175,772		
b	loss on commodities	758,716	758,716		
c	partner overhead	213,925	213,925		
d	construction costs	112,314	112,314		
e	bad debt	86,027	86,027		
f	All other expenses	27,875	13,637	10,851	3,387
25	**Total functional expenses.** Add lines 1 through 24f	42,692,961	39,914,646	2,072,362	705,953
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,583,208	1	1,758,712
	2	Savings and temporary cash investments		1,145,457	2	1,146,343
	3	Pledges and grants receivable, net		328,574	3	236,487
	4	Accounts receivable, net		384,784	4	279,778
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,536,468	7	1,444,553
	8	Inventories for sale or use		12,951,583	8	6,622,452
	9	Prepaid expenses and deferred charges		62,976	9	97,839
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 275,856			
	b	Less accumulated depreciation	10b 233,452	43,017	10c	42,404
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		5,568	12	12,656
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,519	15	7,045
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,049,154	16	11,648,269
Liabilities	17	Accounts payable and accrued expenses		309,629	17	550,968
	18	Grants payable			18	
	19	Deferred revenue		794,610	19	200,978
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,104,239	26	751,946
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,851,968	27	3,653,200
	28	Temporarily restricted net assets		14,961,447	28	7,111,623
	29	Permanently restricted net assets		131,500	29	131,500
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		18,944,915	33	10,896,323
	34	Total liabilities and net assets/fund balances		20,049,154	34	11,648,269

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a 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 331/3% 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 331/3% 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 to 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 it 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 any "unusual grants ")	20,432,459	30,868,626	32,360,672	41,015,394	34,394,957	159,072,108
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	20,432,459	30,868,626	32,360,672	41,015,394	34,394,957	159,072,108
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						159,072,108

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	20,432,459	60,921	32,360,672	41,015,394	34,394,957	159,072,108
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,939	60,921	129,896	106,101	35,132	409,989
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	260,669	399,438	187,913	69,433	41,463	958,916
11 **Total support** (Add lines 7 through 10)						160,441,013

12 Gross receipts from related activities, etc (See instructions)	12	2,150,463

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 150 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 060 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 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 any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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 line 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 25-1679348

Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 8,745,459 including grants of $ 1,222,073) (Revenue $ 113,100)

Development Programs (Agricultural, Community and Refugees) in ALBANIA, ARMENIA, BOSNIA, ETHIOPIA, GAZA, GEORGIA, GREECE, IRAQ, JERUSALEM/WEST BANK, JORDAN, KOSOVO, ROMANIA, RUSSIA, SERBIA, SYRIA, UGANDA & ZIMBABWE

(Code) (Expenses $ 983,253 including grants of $ 10,000) (Revenue $)

other programs

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FR MICHAEL ELLIAS DIRECTOR	1 00	X						0	0	0
ALBERT FOUNDOS DIRECTOR	1 00	X						0	0	0
YOUSIF HAMATI DIRECTOR	1 00	X						0	0	0
ELIZABETH S HUTTINGER DIRECTOR	1 00	X						0	0	0
MICHAEL HOMSEY DIRECTOR	1 00	X						0	0	0
LILA KALINICH DIRECTOR	1 00	X						0	0	0
Jacqueline C Gigantes DIRECTOR	1 00	X						0	0	0
Laura Nixon DIRECTOR	1 00	X						0	0	0
ALEXANDER MACHASKEE DIRECTOR	1 00	X						0	0	0
ANNE GLYNN MACKOUL DIRECTOR	1 00	X						0	0	0
GEORGE MARCUS DIRECTOR	1 00	X						0	0	0
MARIA MOSSAIDES DIRECTOR	1 00	X						0	0	0
BERT MOYAR DIRECTOR	1 00	X						0	0	0
BASIL PAPPAS DIRECTOR	1 00	X						0	0	0
FR MICHAEL ROSCO DIRECTOR	1 00	X						0	0	0
MARK STAVROPOULOS DIRECTOR	1 00	X						0	0	0
Fr Luke Palumbis DIRECTOR	1 00	X						0	0	0
FRANK B CERRA DIRECTOR	1 00	X						0	0	0
DONNA HADDAD DIRECTOR	1 00	X						0	0	0
GEORGE DJURASOVIC DIRECTOR	1 00	X						0	0	0
JAMES THOMAS DIRECTOR	1 00	X						0	0	0
FR NICHOLAS TRIANTAFILOU DIRECTOR	1 00	X						0	0	0
GAYLE WOLOSCHAK DIRECTOR	1 00	X						0	0	0
John Sitilides DIRECTOR	1 00	X						0	0	0
Michael Tsakalos DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Radakovich DIRECTOR	1 00	X						0	0	0
TAMARA SEGALL CHIEF FINANCIAL OFFICER	40 00			X				102,667	0	17,912
CONSTANTINE TRIANTAFILOU CEO	40 00			X				157,500	0	20,654
GEORGE ANTOUN LEBANON REGIONAL DIR	40 00					X		115,440	0	5,173

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
site support	1,175,772	1,175,772		
loss on commodities	758,716	758,716		
partner overhead	213,925	213,925		
construction costs	112,314	112,314		
bad debt	86,027	86,027		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	16,092,947	9,265,028			
b Contributions	24,610,865	32,209,274			
c Investment earnings or losses	18,544	3,973			
d Grants or scholarships	25,641,423	22,805,818			
e Other expenditures for facilities and programs	6,837,810	2,579,510			
f Administrative expenses					
g End of year balance	8,243,123	16,092,947			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 12 130 % %
- b Permanent endowment ▶ 1 590 % %
- c Term endowment ▶ 86 280 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		275,856	233,452	42,404
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				42,404

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,669,342
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,692,961
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,023,619
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,973
9	Total adjustments (net) Add lines 4 - 8	9	-24,973
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,048,592

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	34,758,622
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-7,372		
e	Add lines **2a** through **2d**			2e	-7,372
3	Subtract line **2e** from line **1**			3	34,765,994
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-96,652		
c	Add lines **4a** and **4b**			4c	-96,652
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	34,669,342

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	42,807,214
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	121,625		
e	Add lines **2a** through **2d**			2e	121,625
3	Subtract line **2e** from line **1**			3	42,685,589
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,372		
c	Add lines **4a** and **4b**			4c	7,372
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	42,692,961

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	0 12130
Part XI, Line 8 - Other Adjustments		loss on currency fluctuations -24973
Part XII, Line 2d - Other Adjustments		transfer to foundation -7372
Part XII, Line 4b - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES -96652
Part XIII, Line 2d - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES 96652 loss on currency fluctuations 24973
Part XIII, Line 4b - Other Adjustments		transfer to foundation 7372

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	5	9	Programs & Grants	DEVELOPMENT PROGRAMS, GIK PROGRAMMING, DISASTER RELIEF, EDUCATION, ETC	1,176,557
Middle east and north africa	3	23	Programs & Grants	GIK PROGRAMMING, DISASTER RELIEF, EDUCATION, DEVELOPMENT PROGRAMS	6,088,967
Sub-Saharan Africa	1	19	Programs & Grants	EDUCATION, DEVELOPMENT PROGRAMS, GIK PROGRAMMING	8,414,928
Russian and the newly independent States	2	7	Programs & Grants	GIK PROGRAMMING, DEVELOPMENT PROGRAMS, DISASTER RELIEF, EDUCATION	3,314,810
East Asia & the Pacific	0	0	PROGRAMS & GRANTS	disaster relief, GIK Programming	32,405
Totals . . . . . ►	11	58			19,027,667

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 38

3 Enter total number of other organizations or entities . . . . . ▶ 14

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Middle East North Africa	90			6,788	Provision of Water Cisterns and Home Garden Reclaimation for poor families in the West Bank	FMV
	Middle East North Africa	31,242			93,729	Food and Non-Food Items including Milk, Fortified Biscuits and Blankets for Internally Displaced Population	FMV
	Middle East North Africa	15,000			45,000	Food and Non-Food Items for Internally Displaced Population	FMV
	Middle East North Africa	225			22,416	Provision of Home Gardens and employment generation	FMV
	Middle East North Africa	81			14,610	Provision of Livestock to vulnerable female households	FMV
	Middle East North Africa	40,508			605,268	Provision of Food and Non Food Parcels to vulnerable families in Gaza	FMV
	Middle East North Africa	29,356			644,825	Provision of Food and Non Food Parcels to vulnerable families in Gaza	FMV
	Middle East North Africa	7,355			14,150	Distribution of Hygiene Kits, New-born Kits and Quilts to vulnerable families in Gaza	FMV
	Middle East North Africa	4,050			22,022	Distribution of Hygiene Kits to 24 organizations in the West Bank	FMV
	Middle East North Africa	5,848			5,191	Distribution of School Kits to 7 schools in the West Bank	FMV
	Middle East North Africa	398			11,804	Distribution of Food Parcels(Cooking oil, tomato paste, sugar, salt, tuna, jam), Hygiene Parcels(Shampoo, washing powder, toilet paper, antiseptic)	FMV
	Middle East North Africa	18,634			341,147	Distribution of Hygiene Kits(Shampoo, Antiseptic, Washing Powder, tooth paste, shaving paste)	FMV
	Middle East North Africa	1,230			40,866	Infant Kit (Baby Shampoo, oil, soap, wet napkins, daipers, powder)	FMV
	Middle East North Africa	1,180			49,733	Bedding Sets(Blankets, Bed Cover, Pillow Cover)	FMV
	Middle East North Africa	315			14,425	Distribution of Kitchen Sets(Spoons, Knifes, Tea Pots, Plates, Pans)	FMV

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 When IOCC gives a grant outside the U S , we monitor the implementation of the project through interaction with the grantee After the completion of the project, we get a final report from the grantee In addition, depending on the grant, we often ask for copies of bills paid and may have an IOCC staff visit the project site

Additional Data

Software ID:
Software Version:
EIN: 25-1679348
Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland & Greenland)	Women's Health	10,000	WIRE TRANSFER			
		Russian & newly independent States	Provision of medical supplies			90,078	Donated medical supplies	FMV
		EAST ASIA & THE PACIFIC	Bushfires	17,621	WIRE TRANSFER			
		Europe (including Iceland & Greenland)	Agricultural Commodities	8,502	WIRE TRANSFER			
		Sub-Saharan Africa	Provision of pharmaceuticals			353,495	Donated pharmaceuticals	FMV
		Sub-Saharan Africa	Provision of textbooks			636,290	Donated textbooks	FMV
		Sub-Saharan Africa	Provision of textbooks			3,279,758	Donated textbooks	FMV
		Russian & newly independent States	Provision of school/ hygiene kits			220,148	Donated school/hygiene kits	FMV
		Russian & newly independent States	Provision of medical supplies			82,559	Donated medical supplies	FMV
		Russian & newly independent States	Provision of English Textbooks			2,386,137	Donated Textbooks	FMV
		Russian & newly independent States	Provision o School Kits, Blankets and Quilts, Personal Hygiene Items, New Born Baby Kits to Internally Displaced Persons from the Russia- Georgia conflict, Aug 2008			295,737	Donated uilts and Blankets, Donated School Kits, Donated Hygiene Items, Donated Baby kits	FMV
		Russian & newly independent States	Provision of School Kits, Blankets and Quilts, Personal Hygiene Items, New Born Baby Kits to Internally Displaced Persons from the Russia- Georgia conflict, Aug 2008			52,132	Donated Quilts and Blankets, Donated School Kits, Donated Hygiene Items, Donated Baby kits	FMV
		Russian & newly independent States	Provision of Blankets and Quilts, Personal Hygiene Items to Internally Displaced Persons from the Russia- Georgia conflict, Aug 2008			1,108	Donated Quilts, Donated Hygiene Items	FMV
		Russian & newly independent States	Provision of Personal Hygiene Items, New Born Baby Kits to Internally Displaced Persons from the Russia- Georgia conflict, Aug 2008			29,047	Donated Hygiene Items, Donated Baby kits	FMV
		Russian & newly independent States	Provision of Personal Hygiene Items, New Born Baby Kits to Internally Displaced Persons from the Russia- Georgia conflict, Aug 2008			31,686	Donated Hygiene Items, Donated Baby kits	FMV
		Europe (including Iceland & Greenland)	Provision of Feed, Soil Lab Equipment, chemics for Soil Lab			1,030,317	Donated Feed	FMV
		EAST ASIA & THE PACIFIC	Education	14,784	WIRE TRANSFER			
		Middle East North Africa	Support for Electricity, Water, Heating and Food Supplies	17,150	WIRE TRANSFER			
		Middle East North Africa	Cash Grants for Gaza Home Repair Program through the Greek Orthodox Patriarchate in Gaza	49,736	Cash Payments to the Greek Orthodox Patriarchate in Gaza			
		Middle East North Africa	Provision of hygiene/school/ baby kits and quilts, Donated medical supplies and pharmaceuticals, Donated textbooks			2,141,545	Provision of hygiene/school/ baby kits and quilts, Donated medical supplies and pharmaceuticals, Donated textbooks	FMV
		Middle East North Africa	Provision of textbooks, Provision of baby/school/hygiene kits			328,476	Donated textbooks, Donated baby/school/hygiene kits	FMV
		Middle East North Africa	Provision of wheelchairs			150,520	Donated wheelchairs	FMV
		Middle East North Africa	Provision of pharmaceuticals			561,234	Donated pharmaceuticals	FMV
		Russian & newly independent States	to support the new children's home in Northern Ossetia and the Beslan orphans, Grant to Philanthropy-Capacity building of local partner	47,938	Cash & Wire transfer			
		Europe (including Iceland & Greenland)	IMPROVING THE EDUCATIONAL ENVIRONMENT IN PRIMARY SCHOOL "9 MAY" - RAPCA VILLAGE			13,420	Desktop computers, Scanner, Printer,sports equipment, reconstruction works	FMV
		Europe (including Iceland & Greenland)	IMPROVING THE EDUCATIONAL ENVIRONMENT-Equipment and reconstruction of kinesis and physical therapy of Special institution for children and youth "Dr Nikola Sumenkovi?" in Stamnica			11,985	walking support construction, two mattress for exercises, stand for bioptron, closet, massaging bed, hot and worm packages for massages, exercise balls, in door bicycle and various weights, various electro magnetic rehabilitation equipment, stove, refregerator, mirror , reconstruction of kinesis and physical therapy space	FMV
		Europe (including Iceland & Greenland)	IMPROVING THE EDUCATIONAL ENVIRONMENT-Special institution "Gvozden JovanCiCeviC" in Veliki Popovac			9,882	Installing new PVC floor and wall tiles	FMV
		Europe (including Iceland & Greenland)	Grant to Monastery Visoki DeCani-RECOVERING ARABLE LAND IN VELIKA HOCA VILLAGE-back how machine purchase, IMPROVING THE LOGISTIC / TRANSPORTATION CAPACITY-participating in purchasing the truck, AGRICULTURE SUPPORT PROGRAM-Animal feed, Fish feed, IMPROVING PASTURES AND HAY PRODUCTION IN KOS VILLAGE-Constructing materials for the hay storage, Grant to Monastery Visoki DeCani-IMPROVING PASTURES AND HAY PRODUCTION IN KOS VILLAGE	78,904	Wire transfer	46	4 plastic barels	FMV
		Europe (including Iceland & Greenland)	Grant to Agrolink-professional support in AGRICULTURE DEVELOPMENT PROGRAM	3,500	Wire transfer			
		Europe (including Iceland & Greenland)	Administrative	10,000	check			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East North Africa	Provision of school/ hygiene kits			641,277	Donated school/hygiene kits	FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers and Equipments to measure heart and lung function			6,122		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - computers, Printers and Furnitures			6,274		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, Sound System, Photocopier and Musical Instruments			23,944		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, Photocopier and Furnitures			7,711		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, Photocopier and Furnitures			9,370		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, Sound System, Photocopier and Camping Kitchen Sets			21,000		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Printers , Physics Lab equip and Furnitures			18,144		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Sound System and Photocopy			23,652		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Printers , Physics Lab equip and Furnitures			24,515		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers			17,222		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Eye Testing Devices			20,935		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Osteoporosis Diagnose Device			23,067		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, Sound System, Photocopier and Furnitures			15,407		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , and Furnitures			21,502		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - infusion Pumps and LCD			21,434		FMV
		Middle East North Africa	BPRM Equipping NGOs & Associations - Computers, Projectors, Screens, Printers , LCDs, DVDs, Acs, and Furnitures			6,755		FMV
		Sub-Saharan Africa	School Construction & Mill construction & School Support	29,000	Wire transfer			
		Sub-Saharan Africa	School Construction	35,500	WIRE TRANSFER			
		Russian & newly independent States	Provision of medical supplies			78,239	Donated medical supplies	FMV
		Sub-Saharan Africa	Provision of medical supplies and pharmaceuticals			3,777,655	Donated medical supplies and pharmaceuticals	FMV
		Sub-Saharan Africa	Provision of medical supplies and pharmaceuticals			303,230	Donated medical supplies and pharmaceuticals	FMV

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CHICAGO METRO COMMITTEE (event type)	(b) Event #2 CLEVELAND METRO COMMITTEE (event type)	(c) Other Events 36 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	62,316	52,112	503,161	617,589
	2 Less Charitable contributions	41,849	47,777	346,621	436,247
	3 Gross income (line 1 minus line 2)	20,467	4,335	156,540	181,342
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,140	5,442	83,070	96,652
	10 Direct expense summary Add lines 4 through 9 in column (d)				96,652
	11 Net income summary Combine lines 3, column d, and line 10				84,690

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Head Start Association1651 Prince St Alexandria,VA 22314	521282065	501(c)(3)		5,993,873	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
ROTARY INTERNATIONAL DISTRICT 6200149 WEST 161ST STREET GALLIANO,LA 70354	203409654	501(c)(3)		1,671,146	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
KIDCARE INTERNATIONAL 1580 N CLAREMONT BLVD SUITE 202 CLAREMONT,CA 91711	651189447	501(c)(3)		1,268,090	Deed of Donation from Supplier	NEW textbooks	Provision of New textbooks
LEROY HAYNES2333 BASELINE ROAD BOX 400 LA VERNE,CA 91750	951506150	501(c)(3)		349,585	Deed of Donation from Supplier	NEW textbooks	Provision of New textbooks
PROJECT OUR HOME INT 12345 MOUNTAIN AVE 237 CHINO,CA 91710	134345025	501(c)(3)		462,914	Deed of Donation from Supplier	NEW textbooks	Provision of New textbooks
MICHIGAN PRO ATHLETES CHARITY1328 CENTENNIAL DRIVE CANTON,MI 48187	450493788	501(c)(3)		613,478	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
UNITED WORLD COLLEGE HIGHWAY 65 MONTEZUMA,NM 87731	850297355	501(c)(3)		305,721	Deed of Donation from Supplier	New textbooks	Provision of New textbooks

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 7

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 When IOCC gives a grant in the U S , we have a careful selection process After the grant, we monitor the implementation of the project through interaction with the grantee After the completion of the project, we get a final report or follow-up from the grantee In addition, depending on the grant, we may make a visit to the project site

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

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Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CONSTANTINE TRIANTAFILOU	(i)	157,500			7,875	13,131	178,506	
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		11,696,229	DONATION LETTER
5	Clothing and household goods	X		591,732	DONATION LETTER
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	1	45,000	DONATION LETTER
20	Drugs and medical supplies	X	12	7,484,068	DONATION LETTER
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SCHOOL KITS)	X	3	217,711	DONATION LETTER
26	Other ▶ (HYGIENE/HEALTH KITS)	X	10	438,501	DONATION LETTER
27	Other ▶ (MEDICAL EQUIPMENT - WHEELCHAIRS)	X	1	150,520	DONATION LETTER
28	Other ▶ (computers)	X	2	1,100	DONATION LETTER

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	Third party organizations are enlisted to assist in the delivery of commodities in the countries to which relief and assistance is being provided

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

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Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Constantine M Triantafilou, Chief Executive Officer and Executive Director and Fr Nicholas C Triantafilou, Director - family relationship - Father-Son
Form 990, Part VI, Section B, line 11		The Form 990 will be reviewed in detail by the CFO and HQ Finance department and then sent to IOCC's Board of Directors for their viewing
Form 990, Part VI, Section B, line 12c		Each board member is required to sign the Conflict of Interest policy statement We request an update at each (semi-annual) board meeting related to any new conflicts that may now be applicable If a board member has a change they will be required to complete a new disclosure checklist
Form 990, Part VI, Section B, line 15		The executive director, officers and key employee compensation is brought to the administrative committee of the board for review and approval Generally each employee including the officers, directors and key employees, are reviewed annually in accordance with our Annual Performance Appraisal system The results of the appraisal are brought to the administrative committee where the recommended compensation is reviewed and compared against other comparable salaries We use Paychex Premier Services to process our payroll and they provide comparable salary amounts for the committee to review
Form 990, Part VI, Section C, line 19		The governing documents, conflict of interest documents and financial statements are available to the public upon request The financial statements are published within our annual report
FORM 990, PART VII	HOURS DEVOVTED TO RELATED ORGANIZATION	MR TRIANTAFILOU AND MS SEGALL BOTH DEVOTE ON AVERAGE 4 HOURS PER WEEK FOR THE IOCC FOUNDATION, A RELATED ORGANIZATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2009

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Employer identification number
25-1679348

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
IOCC FOUNDATION INCORPORATED 110 WEST ROAD SUITE 360 TOWSON, MD 21204 86-1131936	CHARITABLE PURPOSES	DE	501(c)(3)	Line 11a, I	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	na		
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No