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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning

January 1

, 2010, and ending

December 31

, 2010

## B Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

## C Name of organization

Sponsor Iraqi Children Foundation, Inc.

## D Employer identification number

26-1394773

## Number and street (or P.O. box, if mail is not delivered to street address)

## Room/suite

701 W. Broad Street

301

## E Telephone number

703-635-7990

## City or town, state or country, and ZIP + 4

Falls Church, VA 22046

## F Group Exemption

## Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.sicfiraq.org](http://www.sicfiraq.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

67,772

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I. 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	<i>RECEIVED</i>	1 54,791
	2 Program service revenue including government fees and contracts	<i>2 MAY 17 2011</i>	2
	3 Membership dues and assessments	<i>RS-OSC</i>	3
	4 Investment income	<i>RS-OSC</i>	4 1
	5a Gross amount from sale of assets other than inventory	<i>5b</i>	5c
	b Less: cost or other basis and sales expenses		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 12,930	
	c Less: direct expenses from gaming and fundraising events	6c 300	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d 12,630
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
	8 Other revenue (describe in Schedule O)		8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 67,422
	10 Grants and similar amounts paid (list in Schedule O)		10
Net Assets	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors		13 34,810
	14 Occupancy, rent, utilities, and maintenance		14
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe in Schedule O)		16 56,605
	17 Total expenses. Add lines 10 through 16		17 91,415
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 (23,993)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 30,296
	20 Other changes in net assets or fund balances (explain in Schedule O)		20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 6,303

899

**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
<b>22</b>	<b>Cash, savings, and investments</b>	<b>30,296</b>	<b>22</b>
<b>23</b>	<b>Land and buildings</b>	<b>0</b>	<b>23</b>
<b>24</b>	<b>Other assets (describe in Schedule O)</b>	<b>0</b>	<b>24</b>
<b>25</b>	<b>Total assets</b>	<b>30,296</b>	<b>25</b>
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b>
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>30,296</b>	<b>27</b>
			<b>6,303</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III.)**

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **To help Iraqi orphans**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28				
_____				
_____				
(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				28a
29				
_____				
_____				
(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				29a
30				
_____				
_____				
(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				30a
31	Other program services (describe in Schedule O) . . . . .			
(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				31a
32	Total program service expenses (add lines 28a through 31a) . . . . .			32

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)  
Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Maxwell Quqa SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	President - 10 hours	0	0	0
Jonathan Webb SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	Vice President - US - 3 hrs	34,000	0	0
Charley Dublin SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	Vice President - Iraq - 1 hr	0	0	0
Stephan Fogleman SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	Chair of the Board - 3 hrs	0	0	0
Sue Schwein SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	Vice Chair of Board - 5 hrs	0	0	0
Fred Schwein SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	Member of the Board - 1 hr	0	0	0
Cynthia Fogleman SICF. 701 W. Broad St., Ste. 301, Falls Church, VA 22046	US Liaison, Exec Dir- 40 hr	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 40b

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40f

41 List the states with which a copy of this return is filed. ► Virginia

42a The organization's books are in care of ► Cynthia Fogleman Telephone no. ► 703-635-7990  
 Located at ► 701 W. Broad St., Suite 301, Falls Church, VA ZIP + 4 ► 22046

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country: ►

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
33	33 <input type="checkbox"/>	✓
34	34 <input type="checkbox"/>	✓
35a	35a <input type="checkbox"/>	✓
35b	35b <input type="checkbox"/>	
36	36 <input type="checkbox"/>	✓
37a	37a <input type="checkbox"/>	0
37b	37b <input type="checkbox"/>	
38a	38a <input type="checkbox"/>	✓
40b	40b <input type="checkbox"/>	✓
40c	40c <input type="checkbox"/>	0
40d	40d <input type="checkbox"/>	0
40e	40e <input type="checkbox"/>	✓
42b	42b <input type="checkbox"/>	✓
42c	42c <input type="checkbox"/>	✓
43	43 <input type="checkbox"/>	
44a	44a <input type="checkbox"/>	✓
44b	44b <input type="checkbox"/>	✓
44c	44c <input type="checkbox"/>	✓
44d	44d <input type="checkbox"/>	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

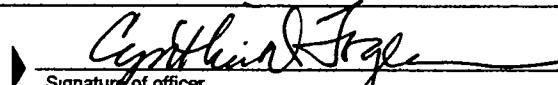
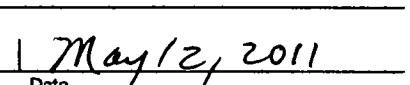
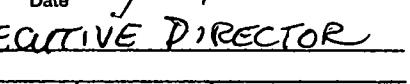
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f	Total number of other employees paid over \$100,000	►	0
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

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

d	Total number of other independent contractors each receiving over \$100,000	►	0
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A			

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	►  Signature of officer	►  Date	
	►  Type or print name and title	►  Name	
Paid Preparer Use Only	Print/Type preparer's name Deborah M. Bomar	Preparer's signature TOM BOMAR	Date 5-6-11
	Firm's name ►		Check <input type="checkbox"/> if self-employed
	Firm's address ►		PTIN 226-96-6834
		Firm's EIN ►	
		Phone no.	

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2010**

Open to Public  
Inspection

Name of the organization

Sponsor Iraqi Children Foundation, Inc.

Employer Identification number

26-1394773

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .		19,168	1,800	53,481	54,791	129,240
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .		0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .		0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>19,168</b>	<b>1,800</b>	<b>53,481</b>	<b>54,791</b>	<b>129,240</b>	
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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						<b>129,240</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .		19,168	1,800	53,481	54,791	129,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		112	364	62	1	539
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						<b>129,779</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33½% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33½% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33½% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
<b>b</b> <b>33½% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization  
**Sponsor Iraqi Children Foundation, Inc.**

Employer identification number  
**26-1394773**

### **Part 1 Line 16 Other Expenses**

**Bank Fees \$695**

**Business Registration fees \$435**

**Website Operation \$131**

**Iraq Program Expenses \$43,921.00**

**Training in Iraq \$11060**

**Misc. Expenses and Supplies \$363**

### **Part III Statement of Program Service Accomplishments**

#### **1. Capacity Building Training - SICF continued development of capacity building training for Iraqi NGOs serving 20,000 to 30,000 orphans:**

Teams from SICF and The Children's Village travelled to Iraq twice to meet with an Advisory Board of experts to further develop the capacity training, and information was gathered from 29 Iraqi NGOs about their services to orphans in preparation for training. SICF continued to work with The Children's Village, LitWorld and partners in Iraq on developing two types of capacity building training: 1) organizational capacity building and 2) a new Community Care Worker training initiative to equip NGOs with knowledge and tools to address orphan trauma. Progress was made on developing the LifeBook tool and a special storybook using friendly animals to illustrate seven strengths that help build resilience in an orphan.

#### **2. Surge of Love Flight - SICF mobilized approximately 2,600 pounds of school supplies, backpacks, school shirts, toothbrushes and other items to be shipped to Iraq in 2011. Goods include back packs for 663 orphans, 359 shirts (for both boys and girls) and school supplies for at least 800 orphans.**

Name of the organization

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Employer identification number

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**3. Support for City Dump Orphans in Baghdad** - SICF continued its monthly support for food and clothing for orphans living in poverty in the so-called City Dump of Baghdad through August. As families of 12 orphans were able to relocate, SICF's support was no longer needed.

**4. Winter Jackets and winter projects** - SICF staff in Iraq purchased 312 winter coats for orphans and distributed them in January 2010 during the Iraq winter season.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

Jonathan Webb, as the Vice President - US of SICF is the board officer in charge of operations. In addition to the volunteer time he gave to SICF in 2010, he was also given a short-term 5 month operations contract which required him to leave his regular employment in order to spend some time in Iraq as well as here in the US in an effort to build SICF's capacity to deliver on programs to help Iraqi orphans.

This became a critical challenge after he and President Quqa had left their jobs in Iraq and were no longer on site to work on SICF programs. He spent approximately a month of that time in Iraq. During the 5 months covered by his contract, Mr. Webb allocated his time roughly as follows: 60% to SICF's core training programs for Iraqi NGOs serving orphans, 12% on humanitarian related projects for orphans, 10% on developing SICF's staff and related capacity to operate effectively in Iraq, 10% related to SICF communications and outreach, and 8% to helping SICF raise funding and obtain grants to support its orphan projects in Iraq.