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Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

| | | | benefit trust or private foundation) | | | ্ৰাল্ড ক লাল্ড | | | | | | |
|-------------------|-------------|----------------------------|--|-----------------------------------|------------------------|----------------------------|--|--|--|--|--|--|
| • | | the Treasury ue Service | ► The organization may have to use a copy of this return to satisfy state rep | ortina reauireme | nts | ান্ত্ৰ্বন্ধাতঃ | | | | | | |
| | | | ar year, or tax year beginning , 2011, and er | | | , 20 | | | | | | |
| В | heck if a | applicable | C Name of organization St George Orthodox Cathedral Trust Fund | | D | Employer identification no | | | | | | |
| □ A | ddress c | change | Doing Business As | | | 23-7348746 | | | | | | |
| \sqcap , | lame cha | ange | Number and street (or PO box if mail is not delivered to street address) | Room/suite | E | Telephone number | | | | | | |
| <u> </u> | nitial retu | ırn | 650 Hanover Street | | | (603) 627-8104 | | | | | | |
| Πī | erminate | ed | City or town, state or country, and ZIP + 4 | | | 1,732,300 | | | | | | |
| ┌ | mended | return | Manchester, NH 03104-5306 | | G | Gross receipts \$ | | | | | | |
| ┌ | pplicatio | on pending | F Name and address of principal officer | T | | | | | | | | |
| | | | | H(a) Is this a gro affiliates? | oup retur | rn for Yes X No | | | | | | |
| ı | ax-exem | pt status | 501(c)(3) | H(b) Are all afful | ates incl | luded? Yes No | | | | | | |
| JV | Vebsite | ► N/A | | H(c) Group exe | ich a list nption n | (see instructions) | | | | | | |
| K F | orm of o | rganization | Corporation X Trust Association Other L Year of formation 1 | 959 M State | of legal | domicile NH | | | | | | |
| Pai | rt l | Summary | | • - | | | | | | | | |
| | 1 | Briefly descri | be the organization's mission or most significant activities The primary miss | ion of the | Trus | t Fund 1s to | | | | | | |
| | | furnish s | Ort | hodox | | | | | | | | |
| A G t o v e r t n | | Cathedral | ated | activities. | | | | | | | | |
| | | | | | | | | | | | | |
| | 2 | Check this bo | box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | | | | | | |
| | 3 | Number of vo | ting members of the governing body (Part VI, line 1a) | | 3 | 6 | | | | | | |
| ја Se n | 4 | Number of inc | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 6 | | | | | | |
| 3 c | 5 | Total number | of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 0 | | | | | | |
| <u>.</u> | 6 | Total number | of volunteers (estimate if necessary) | | 6 | | | | | | | |
| 5 | 7a | Total unrelate | d business revenue from Part VIII, column (C), line 12 | | 7a | Ö | | | | | | |
| 2 | b | Net unrelated | business taxable income from Form 990-T, line 34 | | 7b | 0 | | | | | | |
| S R | | | and grapts (Part VIII line 1h) RECEIVED | Pnor Year | | Current Year | | | | | | |
| e | 8 | Contributions | allu ulalita (Fall VIII, IIIE III) ia a a a a a a a a a a a a a a a a a a | | | 73,849 | | | | | | |
| ∐lv ∐le | 9 | Program serv | ice revenue (Part VIII, line 2g) | | | 0 | | | | | | |
| 氢n | 10 | Investment in | come (Part VIII, column (A), line နှံ နဲ့ | 141 | , 372 | 132,981 | | | | | | |
| ⊋u ⊋e | 11 | | e (Part VIII, column (A), lines 5,6d 8c, 9c, 10c, and 11e) 🕰 | | 659 | 0 | | | | | | |
| 3 | 12 | | - add lines 8 through 11 (must equal Part XIII, column (A), line 12) | 142 | ,031 | 206,830 | | | | | | |
| ```` | 13 | Grants and si | milar amounts paid (Part IX, column (A) lines (3) | 116 | , 220 | 249,034 | | | | | | |
| E | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | | 0 | | | | | | |
| X P | 15 | Salaries, othe | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 0 | | | | | | |
| е | 16a | Professional | fundraising fees (Part IX, column (A), line 11e) | | | 0 | | | | | | |
| n s | b | Total fundrais | ıng expenses (Part IX, column (D), line 25)▶0 | | 1 | | | | | | | |
| e s | 17 | Other expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | , 782 | 26,589 | | | | | | |
| • | 18 | • | es Add lines 13-17 (must equal Part IX, column (A), line 25) | 142 | ,002 | 275,623 | | | | | | |
| | 19 | Revenue less | expenses Subtract line 18 from line 12 | | 29 | (68,793) | | | | | | |
| Net | | | <u> </u> | Beginning of Current Y | ear | End of Year | | | | | | |
| Assets | 20 | Total assets (| Part X, line 16) | 3,310 | ,012 | 3,241,219 | | | | | | |

Signature Block Part II

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.

61 North Street Manchester NH 03104

Sign Here

Use Only

21

22

Net assets or fund balances Subtract line 21 from line 20.

Thustee

Type or print name and title

Total liabilities (Part X, line 26) . . .

Print/Type preparer's name Paid Michael P Lussier **Preparer** Firm's name

Michael P Lussier CPA

Check 🖔 🔀

3,310,012

P00997955

X Yes

603-624-0027

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Firm's EIN



| Form | n 990 (2011) St George Orthodox Cathedral Trust Fund | 23-7348746 | Page 2 |
|------|--|---------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | <u>.</u> |
| 1 | Briefly describe the organization's mission | | |
| | The primary mission of the Trust Fund is to furnish support for the general be | | |
| | purposes of the St. George Greek Orthodox Cathedral of Manchester, the Hellen | ic Community | of |
| | St. George and their related activities. | | |
| | | | <u> </u> |
| 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 | X 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 | □ v | □ |
| | services? | U Yes | X NO |
| 4 | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(a) trusts are required to report the section 4947(a)(b) trusts are required to report the section 4947(a)(a) trusts are required to the section 4947(a)(a) trusts are requ | • | |
| | grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | int or | |
| | grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$ 249,034 including grants of \$) (Revenue | <u> </u> | |
| 74 | St. George Greek Orthodox Cathedral | Ψ <u></u> - | |
| | 650 Hanover Street | | |
| | Manchester, NH 03104-5306 | | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | \$ | |
| 70 | / (Code) (Expenses #) (Nevenue | ¥ <u> </u> | ′ |
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| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 249,034 | | |

| Pa | 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 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? | 2 | Х | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | li | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Χ |
| 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 | | Χ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | : : | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | X |
| b | 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 | 11b | | <u>X</u> |
| С | 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 | 11c | | Х |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | v |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | X |
| ' | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | ^_ |
| 120 | Schedule D, Parts XI, XII, and XIII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 124 | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | İ | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | - 21 |
| - | fundraising, business, investmetht, and program service activities outlisde the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 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 United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | П | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 (see instructions) | 17 | | _X_ |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | 1 | |
| | If "Yes," complete Schedule G, Part III | 19 | | _X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? | 20b | | |

| Pa | Checklist of Required Schedules (continued) | | | ugu . |
|-----|--|----------|----------|-------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 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 | | X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 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 | | X |
| 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 lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25 | 24a | | _X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | Х |
| 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 | | X |
| 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 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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) | <u> </u> | <u> </u> | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 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 | | Х |
| 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 | | X |
| 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 | | _X_ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | 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," complete Schedule R, Part V, line 2 | 35b | | X |
| 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 | | X |
| 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 | | X |
| 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 | Х | |

| | 1990 (2011) St George Orthodox Cathedral Trust Fund 23-734 | 3746 | Р | age : |
|----------|--|--------------------|------|-----------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | <u></u> | | |
| • | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 9 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | <u> </u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 4- | | |
| 0- | reportable gaming (gambling) winnings to prize winners? | . 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| h | Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | . 2b | - | _ |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | . 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | . 3a | | v |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | \vdash | i | <u> X</u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | ' " | | |
| vu | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 1 1 | | |
| | account)? | . 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | ì | 7. |
| - | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | 11 | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | . 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | - t | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 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 | | Χ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | . 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | 1 | |
| | and services provided to the payor? | | ļ | <u>X</u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | - 1 | |
| | required to file Form 8282? | . 7c | | Χ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | <u>X</u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | — | | <u>X</u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . | . 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | . 7h | Ì | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | : | 1 | |
| | 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 | 15 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | . 9a | | |
| a b | Did the organization make any taxable distributions under section 4966? | | | |
| 10 | Section 501(c)(7) organizations. Enter | 90 |) | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter | _ | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | _ | | |
| - | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041? | . 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | . 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | · | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | . 14a | | X |

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VII

| Sec | tion A. Governing Body and Management | | - | | |
|----------|---|-------------------|---------------|--|-------------|
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a (| | | ., |
| | If there are material differences in voting rights among members of the governing body, or | | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | _1b (| | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | 1 | |
| | any other officer, director, trustee, or key employee? | | . 2 | | <u>X</u> |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was f | iled? | . 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | . 5 | | X |
| 6 | Did the organization have members or stockholders? | | . 6 | <u>. </u> | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | ĺ | |
| | one or more members of the governing body? | | . 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | |
| | stockholders, or persons other than the governing body? | | . 7b | | Χ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | |
| | the year by the following | | | | |
| а | The governing body? | | | X | |
| b | Each committee with authority to act on behalf of the governing body? | • • • • • • • • | . <u>8b</u> | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | ١. | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | . 9 | | <u>X</u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code) | | T | |
| 40 | D. I. I. and a second control of the second | | Γ | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | • • • • • • • • | . 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | 406 | | |
| 44. | | iling the form? | · | 177 | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before f | iling the form?. | , IIIa | X | |
| b 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 | | . 12a | ., | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give | | 12a | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | rise to connicts. | 120 | | <u> </u> |
| Ŭ | describe in Schedule O how this was done | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | ^ | X |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X |
| 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 | n? | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | Х |
| b | Other officers or key employees of the organization | | 15b | | X |
| | If "Yes" to line 15a or 15b, 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 | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NH | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | | |
| | Own website Another's website Vipon 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 during the tax year | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | | .01 | | |
| | organization Kimon S Zachos (603) 627-8104 PO Box 3701 Manchester. | NH U3105-31 | UT | | |

| orm | 990 | (2011) | |
|-----|-----|--------|--|
| | | | |

St George Orthodox Cathedral Trust Fund

23-7348746

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| | · · · · · | | | | | . 490 |
|----------|---------------------------|----------------------|---------------------|------------------|------------|-------|
| Part VII | Compensation of Officers, | Directors, Trustees, | Key Employees, High | nest 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and 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

| (A) | (B) | | | (| C) | | | (D) | (E) | (F) |
|----------------------|------------------------------------|---|--|------------------|-----------------------|--|---|----------------------|---|------------------------------------|
| Name and Title | Average | s per (do not check more than one eek | | | | | | Reportable | Reportable | Estimated |
| | hours per week | | | | | | | compensation from | compensation from related organizations | amount of other compensation |
| | (describe | | | | | | | the | | |
| | hours for related | officer and a director/trustee) | | | | | | organization | (W-2/1099-MISC) | from the organization |
| | organizations in Schedule O) | I t d nrı durı se vtc let deo ur ao | n r s u t s i t t e u e | f f c e | K e y e m p l o y e e | H c em g m p l e s n y e s s e t e d | 0 | (W-2/1099-MISC) | | and related organizations |
| (1) Chris D Kehas | | 1 | _ | | _ | | | | | |
| Trustee | 1.00 | X | ł | | | | | d | 0 | c |
| (2) John G Mokas | | | | | | | | | | |
| Trustee | 1.00 | Х | 1 | - | | | | c | o | c |
| (3) John S Gikas | | | T | | | ļ | | | | |
| Trustee | 1.00 | X | 1 | | | | | 0 | 0 | c |
| (4) Kimon S Zachos | | | | | | | | | | |
| Trustee | 2.00 | X | <u> </u> | l | ļ | | | C | | c |
| (5) Philip Liakos | | | | | | | | | | |
| Trustee | 1.00 | Х | | | | | | O | 0 | C |
| (6) Richard Anagnost | | | | | | | | | | |
| Trustee | 1.00 | X | | | | | | 0 | 0 | C |
| (7) | , | | | | | | | | | |
| (8) | | | | | - | | | | | - |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | <u></u> |
| (11) | | | | | ļ | | - | | | |
| (12) | | | | | | | | | | |
| (13) | | - | <u> </u> | - | ł — | | | | <u> </u> | |
| (14) | | - | _ | | <u> </u> | | | | | |

Page 8

| Rantivus | Section A. Officers, Directors, Trustees | , Key Emplo | yees, | and | Hig | ghes | st Con | nper | sated Employee | s (continued) | |
|-------------|--|------------------------------|--|--|----------|--------------|--|-------------|----------------------|---------------------------|---|
| • | (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| • | Name and Title | | | Average Position tours per (do not check more than one | | | | | | Reportable | Estimated |
| | | hours per week | hours per | | | | | 1 | compensation from | compensation from related | amount of other |
| | | (describe | office | er and | direc | tor/tn | ustee) | | the | organizations | compensation |
| | | hours for | I t d | | 0 | | Нсө | F | organization | (W-2/1099-MISC) | from the |
| | | related | dur | n r s u | 1 | e y | gmp | o r | (W-2/1099-MISC) | | organization and related |
| | | organizations in Schedule | ı s e v t c | t s | 1 | е | h p i | m e | | | organizations |
| | | O) | i e t | t e | е | m P | s n y | ř | |] | • |
| | | | u r | i | l ' | 9 | a e | | | | |
| | | | a o | 6 | | y | t e | | | | |
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| (15) | | | | | | | | | | 1 | |
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| (16) | | | | | | | | | | | |
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| (17) | | | | | | ł | 1 | | | | |
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| (18) | | | | | | ŀ | | | | | |
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| (21) | | | 1 | | | | | | | | |
| (22) | | ľ | - | ╁╌ | ├ | ┢ | | | | | |
| (22) | | | | ł | | | | | | | |
| 722 | | | | <u> </u> | ┢ | ├ | | \vdash | : | | · |
| (23) | | | | | | | | | 1 | | |
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| (24) | | | ļ | | | | | | | | |
| | | | | <u> </u> | | L | ļ | | | | |
| (25) | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | |
| 1b Sub-tot | al., | | | | | | | ▶ | | ì | |
| c Total fro | om continuation sheets to Part VII, Section | 1 A | | | | | | > | | | |
| d Total (a | dd lines 1b and 1c) | | | | | | | > | C | 0 | 0 |
| | mber of individuals (including but not limited t | | | | | | | nore | than \$100,000 in | | |
| reportab | ole compensation from the organization | | | | | | | | | 0 | |
| | | | | | | | • | | | | Yes No |
| 3 Did the | organization list any former officer, director o | r trustee, ke | v emp | love | e. oi | r hia | hest c | omp | ensated | | 1 1 |
| | ee on line 1a? If "Yes," complete Schedule J f | | | - | | _ | | - | | | 3 X |
| | individual listed on line 1a, is the sum of repo | | | | | | | | | | A |
| | ation and related organizations greater than \$ | | | | | | | | | | |
| • | al | | | | pict | | , icaaii | 0 10 | 31 30011 | | 4 X |
| | person listed on line 1a receive or accrue co | | | | aral | ••• | | | on or individual | | 4 X |
| • | • | · • | | - | | | - | | | | |
| | ices rendered to the organization? If "Yes," co | mplete Sche | eaule J | ror | suc | n pe | rson | ••• | • • • • • • • • | • • • • • • • • | 5 X |
| | . Independent Contractors | | | | | | | | | | |
| - | te this table for your five highest compensate | | | | | | | | | | |
| compen | sation from the organization. Report compen- | sation for the | calen | ıdar | yea | reno | ding w | ith o | r within the organia | zation's tax | |
| year | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | (C) |
| | Name and business address | | | | | | | | Description of se | ervices | Compensation |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | |
| | | | | | | | | | + | | |
| 2 Total nu | mber of independent contractors (including b | ut not limited | to the | امور | ister | l ah | ove) w | ho | <u> </u> | | |
| | d more than \$100,000 of compensation from t | | | | | | / W | | | | |
| received | a more man a roo,ooo or coinpensation from t | ne organizat | IUII 🚩 | | | | | | | | |

| Part V | VIII | Statement of Revenu | 16 | | | | | |
|--------------------|------|---------------------------------------|-----------------|---------------|----------------------|---------------------|--|--|
| | • | | | | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue |
| | | | | | lotarrevenue | exempt | business | excluded from tax |
| | | | | | | function revenue | revenue | under sections 512, 513, or 514 |
| | 1a | Federated campaigns | | 1a | | | | |
| 04- | ь | Membership dues | | 1b | | | 1 | |
| Contn- butions, | C | Fundraising events | | 1c | | | | |
| Gifts, | d | Related organizations | | 1d | | | | |
| Grants and | e | Government grants (contribut | tions) | 1e | | | | |
| Other | f | All other contributions, gifts, g | grants, | | | | | · |
| Similar | | and similar amounts not inclu | ided above | 1f 73,849 | | | | i |
| Amounts | g | Noncash contributions include | ed in lines 1a- | 1f \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 73,849 | | } | |
| | | | | Business Code | <u>-</u> | | _ | |
| | 2a | | | | | | | |
| | Ь | • | | | | | - | |
| Program Service | c | | | _ | | | | - |
| Revenue | d | | | | | | 1 | |
| | e | | | | | | - | |
| | f | All other program service reve | nue | | | | 1 | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | | | | | | |
| | * | and other similar amounts) . | | | 83,437 | | | 83,437 |
| | 4 | Income from investment of tax | | _ | | | - | |
| | 5 | Royalties | • | • | | | 1 | † |
| | | • | (ı) Real | (II) Personal | | | | 1 |
| | 6a | Gross rents | .,, | | 7 | | j | |
| | l . | Less rental expenses | | | 7 | | - | |
| | ı | Rental income or (loss) | | | 7 | | į | |
| | | Net rental income or (loss) . | | | | | 1 | |
| | l | Gross amount from sales of | (i) Securities | (ii) Other | | | 1 | |
| | , a | assets other than inventory | 1,575,0 | 014 | 7 | | | |
| | h | Less cost or other basis | | | | | | |
| _ | " | and sales expenses | 1,525,4 | 170 | | | | |
| 0 | С | Gain or (loss) | | 544 | 7 | | | |
| ĥ | ì | Net gain or (loss) | | | 49,544 | | | 49,544 |
| e | 1 | Gross income from fundraising | | | | | | · |
| • | | events (not including \$ | | |] | | | |
| R | ļ | of contributions reported on lin | e 1c) | - | | | | |
| e v | | See Part IV, line 18 | | а | | | | ľ |
| e | ь | Less direct expenses | | | 7 | | | |
| n u | ı | Net income or (loss) from fund | | | | | | |
| ē | ı | Gross income from gaming ac | _ | | | | 1 | |
| | | See Part IV, line 19 | | a | | | | |
| | b | Less direct expenses | | | 7 | | | |
| | l . | Net income or (loss) from gam | | | | | 1 | |
| | l | Gross sales of inventory, less | • | | | | | |
| | | returns and allowances | | a | | | 1 | |
| | ь | Less cost of goods sold | | | 7 | | | |
| | I | Net income or (loss) from sale | | | | | † | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | · · · · · · · · · · · · · · · · · · · | · <u>-</u> | | 1 | | 1 | 1 |
| i | b | | | | <u> </u> | | T | |
| į | c | | | | | | | † |
| | 1 | All other revenue | | - | | | † | † |
| | | Total. Add lines 11a-11d | | | | | | 1 |
| | | Total revenue. See instruction | | | | | d | 0 132,981 |

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)

| Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | |
|---|--|---------------------------------------|---|---------------------------------------|-------------------------|--|--|--|--|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) | | | | |
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and | | | | | | | | |
| | organizations in the United States See Part IV, line 21. | 249,034 | 249,034 | | | | | | |
| 2 | Grants and other assistance to individuals in | - | | | - | | | | |
| | the United States See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | United States See Part IV, lines 15 and 16 | | | | | | | | |
| 4 | Benefits paid to or for members | | | · , | | | | | |
| 5 | Compensation of current officers, directors, | | | · · · · · · · | | | | | |
| | trustees, and key employees | | | | | | | | |
| 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 | | . – | | η | | | | |
| 8 | Pension plan accruals and contributions (include | | - | | - | | | | |
| - | section 401(k) and 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| а | Management | | | | | | | | |
| b | Legal | | | | | | | | |
| C | Accounting | 3,945 | | 3,945 | - | | | | |
| d | Lobbying | , | - | | | | | | |
| e | Professional fundraising services See Part IV, line 17. | | | | | | | | |
| f | Investment management fees | 22,644 | | 22,644 | | | | | |
| g | Other | · · · · · · · · · · · · · · · · · · · | | , | | | | | |
| 12 | Advertising and promotion | | | | | | | | |
| 13 | Office expenses | | | | | | | | |
| 14 | Information technology | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 15 | Royalties | | | , | | | | | |
| 16 | Occupancy | | | | | | | | |
| 17 | Travel | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | |
| 20 | Interest | | ··· ···· -·· · -·· - · · · · · · · · · · | | | | | | |
| 21 | Payments to affiliates | | | | **- | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | |
| 23 | Insurance | | | | · | | | | |
| 24 | Other expenses Itemize expenses not covered | | | | | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | | | | | |
| а | , | | · · | | | | | | |
| b | | | | | | | | | |
| c | | | - | | | | | | |
| d | | | | | | | | | |
| e | All other expenses | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e . | 275,623 | 249,034 | 26,589 | 0 | | | | |
| 26 | Joint costs. Complete this line only if the | | | · · · · · · · · · · · · · · · · · · · | <u>. `</u> | | | | |
| | organization reported in column (B) joint costs | | | | | | | | |
| | from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | |
| | | 1 | | | | | | | |

Form 990 (2011)

| rm 990 | 2011) St George Orthodox Cathedral Trust Fund | 4 | 23-734874 | l6 Page |
|---------------|---|---|---|-------------|
| art X | Balance Sheet | | | |
| • | | (A) | | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash - non-interest-bearing | | 1 | |
| 2 | Savings and temporary cash investments | 205,899 | 2 | 194,43 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | " | 4 | ···· |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II of | | | |
| i | Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| ٠ | employers and sponsoring organizations of section 501(c)(9) voluntary | | 1 | |
| | employees' beneficiary organizations (see instructions) | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | _ | 8 | |
| 9 | Prepaid expenses and deferred charges | | ° | |
| | i i i i i i i i i i i i i i i i i i i | | + | |
| 10 | | | | |
| | other basis Complete Part VI of Schedule D 10a | | 10- | |
| l l | b Less accumulated depreciation | 2 104 112 | 10c | 2 046 5 |
| 11 | Investments - publicly traded securities | 3,104,113 | 11 | 3,046,78 |
| 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,310,012 | 16 | 3,241,21 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 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 | | <u> </u> | |
| | 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 | <u>_</u> |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | |
| | Organizations that follow SFAS 117, check here ▶ 🏻 and complete | | | |
| F | lines 27 through 29, and lines 33 and 34. | | | |
| u 27 | Unrestricted net assets | | 27 | |
| d 28 | Temporarily restricted net assets | | 28 | |
| в 29 | Permanently restricted net assets | 3,310,012 | 29 | 3,241,21 |
| a | Organizations that do not follow SFAS 117, check here ▶ ☐ and | | | |
| <u> </u> | complete lines 30 through 34. | | <u>l</u> | |
| a n 30 | Capital stock or trust principal, or current funds | | 30 | |
| C 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| e s 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 3 33 | Total net assets or fund balances | 3,310,012 | 33 | 3,241,21 |
| | Total liabilities and net assets/fund balances | 3,310,012 | 34 | 3,241,21 |

| Form | 990 (2011) St George Orthodox Cathedral Trust Fund | 23-734874 | 6 | Pa | age 1: |
|------|---|-----------|-----|---------------|--------|
| Pai | rt·XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | . 🗆 |
| • | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 1 | 2 | 206,8 | 330 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | 2 | 275,6 | 623 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | | (68, | 793) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | 3,3 | 10,0 | 012 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | . 5 | | | 0 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| | column (B)) | . 6 | 3,2 | 41,2 | 219 |
| Pai | t'XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . 🗆 |
| | | | | 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 | | | ļ. | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | $\overline{}$ | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O | | , i | | , |
| 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 separate basis, consolidated basis, or both | | | ļ: | |
| | ▼ Separate basis | ļ | - | | |

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?
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

EEA

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Name of the organization
St George Orthodox Cathedral Trust Fund

Employer identification number 23-7348746

| Pe | 16 D | Reason | or Public Char | ity Status (All organi | zations mu | st complet | e this part |) See inst | ructions | | | |
|---|---------------------|---|------------------------|---|---------------------------|---------------------|-------------------------------------|------------------|---------------------|--|-----------------|--|
| The | orga | nization is not a p | rivate foundation be | cause it is (For lines 1 th | hrough 11, d | check only | one box) | | | | | |
| 1 | | A church, conver | ntion of churches, or | association of churches | described | ın section | 170(b)(1) | (A)(i). | | | | |
| 2 | П | A school describ | ed in section 170(b |)(1)(A)(ii). (Attach Sched | dule E) | | | | | | | |
| 3 | $\overline{\Box}$ | A hospital or a co | operative hospital s | service organization desc | cribed in se | ction 170(| b)(1)(A)(ii | i). | | | | |
| 4 | $\overline{\sqcap}$ | | | rated in conjunction with | | - | | = | (A)(iii). Er | iter the hos | spital's name | |
| | _ | city, and state | | | | | | | (,,,, | | , | |
| 5 | | - | operated for the ben | efit of a college or univer | rsity owned | or operate | nd by a no | vernmenta | Lunit desc | ribed in | | |
| | ப | = |)(A)(iv). (Complete | | only onlinea | от орогии | o o, a go | · Citimionic | anii acst | andca iii | | |
| 6 | | | | or governmental unit de | scribed in e | ection 17 | 0/6\/4\/6\/ | (v) | | | | |
| 7 | 뭄 | | • | es a substantial part of its | | | | ٠, | the sees | ral aublia | | |
| • | L.J | - | · · |). (Complete Part II) | s support in | on a gove | minemar (| anii or non | i tile gene | rai public | | |
| | | | | , , , | | | | | | | | |
| 8 | | - | | ion 170(b)(1)(A)(vi). (Co | • | • | | | | | _ | |
| 9 | L | • | · | es (1) more than 33 1/3% | | | | | • | . • | S | |
| | | • | | exempt functions - subject | | • | | | | | | |
| | | | | ne and unrelated busines | | | | • | om busine | sses | | |
| | _ | • | • | ne 30, 1975 See section | | | • | | | | | |
| 10 | \sqcup | • | - | ited exclusively to test for | • | • | | | | | | |
| 11 | X | • | • | ited exclusively for the be | • | • | | • | • | | | |
| | | 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. | | | | | | | | | | |
| | | <u></u> : | the box that describ | pes the type of supporting | g organizat | on and co | mplete line | es 11e thro | ough 11h | _ | | |
| | _ | a 🗌 Type I | b ∐ Ty | | Type III | | , , | | d | | II-Other | |
| е | | • | | e organization is not conf | | • | • • | | | | | |
| persons other than foundation managers and other than one or more publicly supported organizations described in section | | | | | | | | | | | | |
| | | 509(a)(1) or sect | ion 509(a)(2) | | | | | | | | | |
| f | | If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting | | | | | | | | | | |
| | | organization, check this box | | | | | | | | | | |
| g | | Since August 17, | 2006, has the orga | nization accepted any gif | ft or contrib | ution from | any of the | • | | | | |
| | | following persons | 5? | | | | | | | | | |
| | | (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? | | | | | | Yes No | | | | |
| | | | | | | | | 11g(i) X | | | | |
| | | (ii) A family member of a person described in (i) above? | | | | | 11g(ii) X | | | | | |
| | | (iii) A 35% conti | rolled entity of a per | • • • | | | | | | | 11g(iii) X | |
| h | | Provide the follow | ving information abo | out the supported organiz | ation(s) | | | | | | <u> </u> | |
| | (i) N | ame of supported | (ü) EIN | (iii) Type of organization | | rganization | (v) Did y | ou notify | (vı) | Is the | (vii) Amount of | |
| | | organization | | (described on lines 1-9 above or IRC section (see instructions) | in col (i) listed in your | | the organization in col (i) of your | | organization in col | | support | |
| | | | | | governing | governing document? | | or your port? | (i) organiz | S? | | |
| | | | | | Yes | No | Yes | No | Yes | No | | |
| (A) | | | | | <u> </u> | | | | | 1 | | |
| | Geo: | rge Greek Or | th02-0230366 | Church | | X | Х | | Х | | 249,035 | |
| B) | | - - | | | | | | | | 1 | | |
| | | | | | | | | | | | | |
| C) | - | | | | 1 | | | 1 | | | | |
| -, | | | | | ľ | | | | | | | |
| D) | | | | | - | | | | | | | |
| _, | | | | | | | | | | | | |
| (E) | | | | | + | | | | | | · | |
| _, | | | | | | | | | | | | |
| | | · | | | | | | | | | | |
| Tota | d | | | | | | | | | 1 | 249 035 | |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2011

OMB No 1545-0047

| Name of the organization | | | | | | Employer identification number | umber |
|---|--|------------------------------------|--|---------------------------------------|---|--|------------------------------------|
| St George Orthodox Cathedral Trust Fund | rust Fund | | | | | 23-7348746 | |
| Pa就们 General Information on Grants and Assistance | nts and Assistance | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the | to substantiate the am | ount of the grants or as | re grants or assistance, the grantees' eligibility for the grants or assistance, and | eligibility for the grant | is or assistance, and | | |
| the selection criteria used to award the grants or assistance? | grants or assistance? | | | | | • | . X Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ocedures for monitorin | g the use of grant funds | s in the United States | | | | |
| Pairell Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" | e to Governments | and Organizations i | n the United States | S. Complete if the or | ganization answered | "Yes" | |
| to Form 990, Part IV, line z.1, for any recipient that received inore than \$5,000. Others his box in no one recipient received man \$5,000. Part II can be duplicated if additional space is needed | or any recipient that ditional space is nee | ded | | | | 000,000 | □ ▲ : |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section of 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 |
| (1)St George Greek Orthodox Cat | 4 | | | | | | |
| 650 Hanover Street 03104 | 02-0230366 | 501 (c) (3) | 249,034 | | NA | NA | General supp |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | : | | | |
| (9) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations | and government organ | zations listed in the line 1 table | 1 table | | | • | 1 |
| 3 Enter total number of other organizations listed in the line 1 table | is listed in the line 1 tak | ie | | • | | ▲ | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | he Instructions for Fo | rm 990. | | EEA | | S | Schedule I (Form 990) (2011) |

• Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 990) (2011) St George Orthodox Cathedral Trust Fund 23-7348746 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of Part III can be duplicated if additional space is needed recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Part IV Part III. ~ က 2 4 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

St George Orthodox Cathedral Trust Fund

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 2011

alldus of nego Inspection

23-7348746

| 01. Committee meeting documentation (Part VI, line 8b) | |
|--|---|
| No Committee meetings. | |
| | |
| 02. Form 990 governing body review (Part VI, line 11) | |
| The Trustees review Form 990 prior to its filing. Additionally, the Trustees present a | |
| copy of Form 990 at the general membership meeting of St George Greek Orthodox Cathedral | |
| held in May of each year. | |
| 03. Conflict of interest policy compliance (Part VI, line 12c) | _ |
| The Trustees review and monitor the conflict of interest policy regularly on an annual | |
| basis. | |
| | |
| 04. Governing documents, etc, available to public (Part VI, line 19) | |
| No documents available to the public. | |
| | |
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