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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Doing Business As
IOCC

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

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

D Employer identification number
25-1679348

E Telephone number
(410) 243-9820

G Gross receipts $ 37,709,064

F Name and address of principal officer
CONSTANTINE TRIANTAFILOU
110 WEST ROAD NO 360
BALTIMORE,MD 212042365

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW IOCC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile DE

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	34
6	Total number of volunteers (estimate if necessary)	**6**	1,185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	38,500,650	37,197,377
9	Program service revenue (Part VIII, line 2g)	78,353	72,110
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,017	128,228
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,745	108,558
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,681,765	37,506,273
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,833,725	22,780,766
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,128,332	5,862,950
16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,078	28,611
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,055,429		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,259,425	13,353,064
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,248,560	42,025,391
19	Revenue less expenses Subtract line 18 from line 12	6,433,205	-4,519,118

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,794,813	11,877,838
21	Total liabilities (Part X, line 26)	1,262,448	2,769,033
22	Net assets or fund balances Subtract line 21 from line 20	13,532,365	9,108,805

Part II Signature Block

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

Sign Here

****** | 2013-05-16
Signature of officer | Date

CONSTANTINE M TRIANTAFILOU CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM E TURCO CPA				P00369217

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400
GAITHERSBURG, MD 208787340 | Phone no (301) 296-3600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 16,718,797 including grants of $ 19,216,795) (Revenue $)

GIFT-IN-KIND DISTRIBUTION PROGRAMS IN ARMENIA, BIH, CAMEROON, ETHIOPIA, GEORGIA, GREECE, JORDAN, SERBIA, SYRIA, TANZANIA, USA

4b (Code) (Expenses $ 9,189,760 including grants of $ 1,443,389) (Revenue $ 72,110)

REFUGEE ASSISTANCE AND DEVELOPMENT PROGRAMS (AGRICULTURAL AND COMMUNITY) IN ALBANIA, BIH, ETHIOPIA, GAZA, GEORGIA, JORDAN, JERUSALEM/WEST BANK, LEBANON, MONTENEGRO, ROMANIA, SERBIA, SYRIA, USA

4c (Code) (Expenses $ 6,053,501 including grants of $ 1,972,616) (Revenue $)

DISASTER RELIEF IN ALBANIA, ETHIOPIA, GAZA, GREECE, HAITI JERUSALEM/WEST BANK, ROMANIA, SERBIA, SYRIA, UGANDA, USA

(Code) (Expenses $ 5,532,918 including grants of $ 132,536) (Revenue $)

EDUCATION AND HEALTH AWARENESS PROGRAMS IN CAMEROON, ETHIOPIA, GEORGIA, JORDAN, LEBANON, UGANDA

(Code) (Expenses $ 1,104,393 including grants of $ 15,430) (Revenue $)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 6,637,311 including grants of $ 147,966) (Revenue $)

4e **Total program service expenses** ▶ 38,599,369

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	26		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ BK , GG , IS , OC , LE , IZ , JO , RO , ET , RI , MJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	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			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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** 23		
	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** 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 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**		No
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**		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made 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 of the organization ▶ TAMARA D SEGALL 110 WEST ROAD NO 360 BALTIMORE, MD (410) 243-9820

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL S HOMSEY CHAIRMAN	1 00	X		X				0	0	0
(2) FRANK B CERRA MD VICE CHAIRMAN	1 00	X		X				0	0	0
(3) MARK D STAVROPOLOUS TREASURER	1 00	X		X				0	0	0
(4) MARIA Z MOSSAIDES SECRETARY	1 00	X		X				0	0	0
(5) JASMINA T BOULANGER BOARD MEMBER	1 00	X						0	0	0
(6) ELAINE G CLADIS BOARD MEMBER	1 00	X						0	0	0
(7) GEORGE DJURASOVIC BOARD MEMBER	1 00	X						0	0	0
(8) VERY REV MICHAEL ELLIAS BOARD MEMBER	1 00	X						0	0	0
(9) YOUSIF I HAMATI MD BOARD MEMBER	1 00	X						0	0	0
(10) CHARLES J HINKATY BOARD MEMBER	1 00	X						0	0	0
(11) ELIZABETH OLDKNOW SKOURAS HUTTINGER BOARD MEMBER	1 00	X						0	0	0
(12) VERY REV LEONID KISHKOVSKY BOARD MEMBER	1 00	X						0	0	0
(13) JACQUELINE C MCCABE BOARD MEMBER	1 00	X						0	0	0
(14) ARCHBISHOP NICOLAE BOARD MEMBER	1 00	X						0	0	0
(15) LAURA NIXON BOARD MEMBER	1 00	X						0	0	0
(16) REV LUKE PALUMBIS BOARD MEMBER	1 00	X						0	0	0
(17) STEVE RADAKOVICH BOARD MEMBER	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REV MICHAEL S ROSCO BOARD MEMBER	1 00	X						0	0	0
(19) JOHN SITILIDES BOARD MEMBER	1 00	X						0	0	0
(20) THOMAS M SUEHS BOARD MEMBER	1 00	X						0	0	0
(21) MICHAEL J TSAKALOS BOARD MEMBER	1 00	X						0	0	0
(22) GAYLE WOLOSCHAK PHD BOARD MEMBER	1 00	X						0	0	0
(23) DR MARCUS ZERVOS BOARD MEMBER	1 00	X						0	0	0
(24) CONSTANTINE M TRIANTAFILOU CHIEF EXECUTIVE OFFICER	36 00 4 00			X				176,388	0	35,000
(25) TAMARA D SEGALL CHIEF FINANCIAL OFFICER	36 00 4 00			X				110,896	0	36,044
(26) WILLIAM BROWN DIRECTOR OF DEVELOPMENT	40 00					X		121,364	0	16,191
(27) GEORGE ANTOUN REGIONAL DIRECTOR	40 00					X		128,932	0	5,392
(28) SAM DUNLAP COUNTRY REPRESENTATIVE	40 00					X		111,650	0	53,714
(29) SIGURD HANSON COUNTRY REPRESENTATIVE (ETHIOPIA)	40 00					X		108,651	0	46,018
(30) DANIEL CHRISTOPOLUS DIRECTOR OF U S PROGRAMS	40 00					X		105,635	0	26,404
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								863,516	0	218,763

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 196,937				
	b	Membership dues	1b				
	c	Fundraising events	1c 371,136				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 18,084,026				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 18,545,278				
	g	Noncash contributions included in lines 1a-1f $	14,929,582				
	h	**Total.** Add lines 1a-1f	▶	37,197,377			
Program Service Revenue			Business Code				
	2a	MICROCREDIT COLLECTION	900099	72,110	72,110		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	72,110			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	126,688			126,688
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	142,459				
	b	Less cost or other basis and sales expenses	140,919				
	c	Gain or (loss)	1,540				
	d	Net gain or (loss)	▶	1,540			1,540
Other Revenue	8a	Gross income from fundraising events (not including $ 371,136 of contributions reported on line 1c) See Part IV, line 18	a 117,717				
	b	Less direct expenses	b 61,872				
	c	Net income or (loss) from fundraising events	▶	55,845			55,845
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900099	52,713			52,713
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	52,713			
	12	**Total revenue.** See Instructions	▶	37,506,273	72,110	0	236,786

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,762,331	10,762,331		
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	12,018,435	12,018,435		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	350,642	223,616	87,281	39,745
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	4,272,905	2,724,973	1,063,605	484,327
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,515	13,721	5,355	2,439
9 Other employee benefits	685,345	437,067	170,595	77,683
10 Payroll taxes	532,543	339,620	132,560	60,363
11 Fees for services (non-employees)				
a Management				
b Legal	32,479	17,753	12,897	1,829
c Accounting	103,786	56,729	41,211	5,846
d Lobbying				
e Professional fundraising services See Part IV, line 17	28,611			28,611
f Investment management fees	72		72	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	444,321	271,273	164,798	8,250
12 Advertising and promotion	224,490	53,025	67,999	103,466
13 Office expenses	1,367,180	971,027	283,787	112,366
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	1,138,964	875,322	189,159	74,483
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,194,472	4,043,861	101,749	48,862
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,167	16,337	1,350	3,480
23 Insurance	43,905	5,282	38,623	
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)				
a CONSTRUCTION COSTS	4,451,777	4,451,777		
b SITE SUPPORT	1,095,320	1,095,320		
c PARTNER OVERHEAD	172,025	172,025		
d OTHER COSTS	63,106	49,875	9,552	3,679
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	42,025,391	38,599,369	2,370,593	1,055,429
26 **Joint costs.** Complete this line only if the 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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,939,628	1	4,098,763
	2	Savings and temporary cash investments		1,469,133	2	120,295
	3	Pledges and grants receivable, net		217,550	3	158,777
	4	Accounts receivable, net		396,761	4	828,053
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,440,133	7	1,425,656
	8	Inventories for sale or use		8,632,451	8	4,512,450
	9	Prepaid expenses and deferred charges		72,535	9	74,368
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 318,145			
	b	Less accumulated depreciation	10b 255,062	45,062	10c	63,083
	11	Investments—publicly traded securities		571,449	11	585,528
	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		10,111	15	10,865
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,794,813	16	11,877,838
Liabilities	17	Accounts payable and accrued expenses		449,317	17	667,163
	18	Grants payable			18	
	19	Deferred revenue		813,131	19	2,091,849
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	10,021
	26	**Total liabilities.** Add lines 17 through 25		1,262,448	26	2,769,033
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,190,984	27	2,977,754
	28	Temporarily restricted net assets		10,209,881	28	5,999,551
	29	Permanently restricted net assets		131,500	29	131,500
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,532,365	33	9,108,805
	34	Total liabilities and net assets/fund balances		14,794,813	34	11,877,838

Part XI Reconcilliation 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	37,506,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,025,391
3	Revenue less expenses Subtract line 2 from line 1	3	-4,519,118
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,532,365
5	Net unrealized gains (losses) on investments	5	22,870
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	72,688
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,108,805

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

Additional Data

Software ID:

Software Version:

EIN: 25-1679348

Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL S HOMSEY CHAIRMAN	1 00	X		X				0	0	0
FRANK B CERRA MD VICE CHAIRMAN	1 00	X		X				0	0	0
MARK D STAVROPOLOUS TREASURER	1 00	X		X				0	0	0
MARIA Z MOSSAIDES SECRETARY	1 00	X		X				0	0	0
JASMINA T BOULANGER BOARD MEMBER	1 00	X						0	0	0
ELAINE G CLADIS BOARD MEMBER	1 00	X						0	0	0
GEORGE DJURASOVIC BOARD MEMBER	1 00	X						0	0	0
VERY REV MICHAEL ELLIAS BOARD MEMBER	1 00	X						0	0	0
YOUSIF I HAMATI MD BOARD MEMBER	1 00	X						0	0	0
CHARLES J HINKATY BOARD MEMBER	1 00	X						0	0	0
ELIZABETH OLDKNOW SKOURAS HUTTINGER BOARD MEMBER	1 00	X						0	0	0
VERY REV LEONID KISHKOVSKY BOARD MEMBER	1 00	X						0	0	0
JACQUELINE C MCCABE BOARD MEMBER	1 00	X						0	0	0
ARCHBISHOP NICOLAE BOARD MEMBER	1 00	X						0	0	0
LAURA NIXON BOARD MEMBER	1 00	X						0	0	0
REV LUKE PALUMBIS BOARD MEMBER	1 00	X						0	0	0
STEVE RADAKOVICH BOARD MEMBER	1 00	X						0	0	0
REV MICHAEL S ROSCO BOARD MEMBER	1 00	X						0	0	0
JOHN SITILIDES BOARD MEMBER	1 00	X						0	0	0
THOMAS M SUEHS BOARD MEMBER	1 00	X						0	0	0
MICHAEL J TSAKALOS BOARD MEMBER	1 00	X						0	0	0
GAYLE WOLOSCHAK PHD BOARD MEMBER	1 00	X						0	0	0
DR MARCUS ZERVOS BOARD MEMBER	1 00	X						0	0	0
CONSTANTINE M TRIANTAFILOU CHIEF EXECUTIVE OFFICER	36 00 4 00			X				176,388	0	35,000
TAMARA D SEGALL CHIEF FINANCIAL OFFICER	36 00 4 00			X				110,896	0	36,044

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BROWN DIRECTOR OF DEVELOPMENT	40 00					X		121,364	0	16,191
GEORGE ANTOUN REGIONAL DIRECTOR	40 00					X		128,932	0	5,392
SAM DUNLAP COUNTRY REPRESENTATIVE	40 00					X		111,650	0	53,714
SIGURD HANSON COUNTRY REPRESENTATIVE (ETHIOPIA)	40 00					X		108,651	0	46,018
DANIEL CHRISTOPOLUS DIRECTOR OF U S PROGRAMS	40 00					X		105,635	0	26,404

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

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

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

1 ☐ A church, convention of churches, or association of churches 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 - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	41,015,394	34,394,957	36,050,899	38,084,399	36,826,241	186,371,890
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	41,015,394	34,394,957	36,050,899	38,084,399	36,826,241	186,371,890
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						186,371,890

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	41,015,394	34,394,957	36,050,899	38,084,399	36,826,241	186,371,890
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,101	35,132	26,647	32,498	126,688	327,066
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	69,433	41,463	26,848	15,855	52,713	206,312
11 **Total support** (Add lines 7 through 10)						186,905,268

12	Gross receipts from related activities, etc (see instructions)	12	2,906,816

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 710 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 630 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,341,381	4,673,121	8,243,123	16,092,947	9,265,028
b	Contributions	18,540,394	25,817,495	26,160,013	24,610,865	32,132,552
c	Net investment earnings, gains, and losses			11,372	18,544	76,722
d	Grants or scholarships					
e	Other expenditures for facilities and programs	22,750,724	19,149,235	29,741,387	32,479,233	25,381,355
f	Administrative expenses					
g	End of year balance	7,131,051	11,341,381	4,673,121	8,243,123	16,092,947

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 14 030 %
- b Permanent endowment ▶ 1 840 %
- c Temporarily restricted endowment ▶ 84 130 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		318,145	255,062	63,083
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				63,083

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	10,021
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	10,021

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	38,103,454
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	22,870		
b	Donated services and use of facilities	2b	181,517		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	330,994		
e	Add lines **2a** through **2d**			2e	535,381
3	Subtract line **2e** from line **1**			3	37,568,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72		
b	Other (Describe in Part XIII)	4b	-61,872		
c	Add lines **4a** and **4b**			4c	-61,800
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	37,506,273

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

1	Total expenses and losses per audited financial statements			1	42,218,105
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	181,517		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	26,699		
e	Add lines **2a** through **2d**			2e	208,216
3	Subtract line **2e** from line **1**			3	42,009,889
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	72		
b	Other (Describe in Part XIII)	4b	15,430		
c	Add lines **4a** and **4b**			4c	15,502
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	42,025,391

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD OF DIRECTORS DESIGNATED NET ASSETS FOR THE ESTABLISHMENT OF RESERVES AND PROGRAM DEVELOPMENT FUNDS PERMANENTLY RESTRICTED NET ASSETS FOR IOCC AT DECEMBER 31, 2012, CONSIST OF ENDOWMENTS TOTALING $131,500 INTEREST EARNED ON THE ENDOWMENTS IS UNRESTRICTED AS STIPULATED BY THE DONOR TEMPORARILY RESTRICTED NET ASSETS INCLUDE DONOR RESTRICTED FUNDS, WHICH ARE ONLY AVAILABLE FOR PROGRAM ACTIVITIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES, INC AND IOCC FOUNDATION INCORPORATED ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) IN ADDITION, THEY BOTH QUALIFY FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES IOCC HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2012 IOCC HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS POLICY, IOCC MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION MANAGEMENT HAS EVALUATED IOCCS TAX POSITIONS AND HAS CONCLUDED THAT IOCC HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMETS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE IOCC WOULD BE LIABLE FOR INCOME TAXES IN THE U S FEDERAL JURISDICTION GENERALLY, IOCC IS NO LONGER SUBJECT TO U S FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		TRANSFER TO FOUNDATION -15,430 AFFILIATE INCOME INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 346,424
PART XI, LINE 4B - OTHER ADJUSTMENTS		METROPOLITAN COMMITTEE ACTIVITY EXPENSES REPORTED ON LINE 8B -61,872
PART XII, LINE 2D - OTHER ADJUSTMENTS		METROPOLITAN COMMITTEE ACTIVITY EXPENSES REPORTED ON LINE 8B 61,872 GAIN ON CURRENCY FLUCTUATIONS -72,688 AFFILIATE EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 37,515
PART XII, LINE 4B - OTHER ADJUSTMENTS		TRANSFER TO FOUNDATION 15,430

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	PROGRAMS	DISASTER RELIEF	3,759
EAST ASIA AND THE PACIFIC -	0	0	PROGRAMS	DISASTER RELIEF	1,264
EUROPE (INCLUDING ICELAND & GREENLAND) -	4	15	MAINTAINING OFFICES, PROGRAMS & GRANTS	GIK, DEVELOPMENT, DISASTER RELIEF	1,172,566
MIDDLE EAST AND NORTH AFRICA -	5	66	MAINTAINING OFFICES, PROGRAMS & GRANTS	GIK, DEVELOPMENT, DISASTER RELIEF, EDUCATION AND HEALTH	12,609,307
RUSSIA & THE NEWLY INDEPENDENT STATES -	1	1	MAINTAINING OFFICES, PROGRAMS & GRANTS	GIK, EDUCATION AND HEALTH	252,168
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	2	42	MAINTAINING OFFICES, PROGRAMS & GRANTS	GIK, DEVELOPMENT, DISASTER RELIEF, EDUCATION AND HEALTH	3,694,258
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	GRANTS		42,516
EAST ASIA AND THE PACIFIC -	0	0	GRANTS		14,290
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANTS		1,953,683
MIDDLE EAST AND NORTH AFRICA -	0	0	GRANTS		5,446,683
RUSSIA & THE NEWLY INDEPENDENT STATES -	0	0	GRANTS		385,878
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	GRANTS		4,183,173
3a Sub-total	12	124			17,790,128
b Total from continuation sheets to Part I	0	0			11,969,417
c Totals (add lines 3a and 3b)	12	124			29,759,545

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 22

3 Enter total number of other organizations or entities . . . . . ▶ 12

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☑ Yes	☐ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 WHEN IOCC GIVES A GRANT OUTSIDE THE U S , WE MONITOR THE IMPLEMENTATION OF THE PROJECT THROUGH INTERACTION WITH THE GRANTEE AFTER THE COMPLETION OF THE PROJECT, WE GET A FINAL REPORT FROM THE GRANTEE IN ADDITION, DEPENDING ON THE GRANT, WE OFTEN ASK FOR COPIES OF BILLS PAID AND MAY HAVE AN IOCC STAFF VISIT THE PROJECT SITE

Additional Data

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

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROVISION OF TEXTBOOKS AND SCHOOL KITS			3,037,663	DONATED NEW TEXTBOOKS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVISION OF SCHOOL, HYGIENE, BABY KITS AND QUILTS			160,878	DONATED HYGIENE/BABY/SCHOOL KITS AND QUILTS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		SUB-SAHARAN AFRICA	PROVISION OF TEXTBOOKS			792,408	DONATED NEW TEXTBOOKS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVISION OF MEDICAL SUPPLIES			1,336,150	DONATED MEDICAL SUPPLIES	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVISION OF MEDICAL SUPPLIES			256,654	DONATED MEDICAL SUPPLIES	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVISION OF QUILTS, LINENS, HYGIENE KITS			182,620	DONATED QUILTS, LINEN, HYGIENE KITS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVISION OF SCHOOL KITS			225,000	DONATED SCHOOL KITS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF SCHOOL/BABY/HYGIENE KITS AND QUILTS			960,686	DONATED HYGIENE/BABY/SCHOOL KITS AND QUILTS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF MEDICAL SUPPLIES, HYGIENE/BABY/SCHOOL KITS			1,323,214	DONATED MEDICAL SUPPLIES, SCHOOL/HYGIENE/BABY KITS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		SUB-SAHARAN AFRICA	PROVISION OF HYGIENE KITS			196,102	DONATED HYGIENE KITS	DEED OF DONATION FROM SUPPLIER AND ORGANIZATIONAL ASSESSMENT FOR REASONABLEN
		EAST ASIA AND THE PACIFIC	DIRECT HUMANITARIAN ASSISTANCE	14,290	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	DIRECT HUMANITARIAN ASSISTANCE	12,116	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	30,400	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	AGRICULTURE PROGRAM	7,500	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SALARIES FOR APOSTOLI WORKERS PROVIDING HUMANITARIAN ASSISTANCE	11,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SALARIES FOR APOSTOLI WORKERS PROVIDING HUMANITARIAN ASSISTANCE	11,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SALARIES FOR APOSTOLI WORKERS PROVIDING HUMANITARIAN ASSISTANCE	12,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	VACCINATIONS	8,000	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SALARIES FOR APOSTOLI WORKERS PROVIDING HUMANITARIAN ASSISTANCE	13,457	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SALARIES FOR APOSTOLI WORKERS PROVIDING HUMANITARIAN ASSISTANCE	10,086	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMANITARIAN ASSISANCE	6,855	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SCHOOL CONSTRUCTION	30,682	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SCHOOL CONSTRUCTION	16,526	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PLACEMENT OF FIREFIGHTING TANKS AND CREATION OF VOLUNTARY TEAMS OF COORDINATION			22,950	WATER TANKS TO THE ILEIAKI FIRE DEPARTMENT	FMV
		SUB-SAHARAN AFRICA	PURCHASE OF WHEELCHAIR PARTS			63,990	WHEELCHAIR PARTS	FMV
		SUB-SAHARAN AFRICA	PURCHASE OF SCHOOL DESKS THAT HAVE BEEN PUT IN PLACE AT THE CONSTRUCTED SCHOOL FOR USE BY BENEFICIARIES/STUDENTS	5,412	CHECK			
		SUB-SAHARAN AFRICA	PURCHASE OF ONE GENERATOR THAT HAS BEEN PUT IN PLACE AT THE SCHOOL STAFF RESIDENCE IN BOKOLOMANY WHICH IS USED BY RESIDENTS AS THE ONLY SOURCE OF ELECTRICAL POWER FOR THE RESIDENCE	10,620	CHECK			
		SUB-SAHARAN AFRICA	PURCHASE OF SCHOOL FURNITURE THAT HAS BEEN PUT IN PLACE AS THE LEARNING ENVIORNOMENT WAS BEING SET-UP, AND PURCHASE OF EDUCATIONAL MATERIALS THAT HAS BEEN PROVIDED TO STUDENTS THAT ARE ATTENDING CONSTRUCTED SCHOOL IN BOKOLOMANYO	6,169	CHECK			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT TO THE VULNERABLE RURAL POPULATION OF CENTRAL SERBIA AFFECTED BY THE EARTHQUAKE	500	WIRE TRANSFER	7,108	HYGIENE KITS AND DIAPERS FOR ADULTS	BOOK, FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO FURTHER BUILD THE CAPACITY OF THE METROPOLITANATE OF MONTENEGRO AND LITTORAL IN MAINTAINING ITS ACTIVITIES AND STRENGTHENING THEIR SOUP KITCHEN CAPACITY IN MONTENEGRO	27,057	WIRE TRANSFER	7,524	MEAL FOR PASTA, MEAT GRINDING MACHINE, SMALL KITCHEN EQUIPMENT, GROCERIES, HYGIENE ITEMS	BOOK

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		EUROPE (INCLUDING ICELAND & GREENLAND)	AGRICULTURE BUSINESS INCUBATORS - IMPROVING FARMING METHODS TO INCREASE PRODUCTION, INCOMES AND WELL BEING	5,906	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	AGRICULTURE BUSINESS INCUBATORS - IMPROVING FARMING METHODS TO INCREASE PRODUCTION, INCOMES AND WELL BEING	11,014	WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	FOOD AND UTILITIES SUPPORT TO THE REHABILITATION CENTRE	15,200	CHECK			
		MIDDLE EAST AND NORTH AFRICA	ASSISTING VULNERABLE IRAQI REFUGEES IN JORDAN			9,520	EQUIPMETS TO THE CENTER	FMV
		MIDDLE EAST AND NORTH AFRICA	DEVELOPING ASSISTANCE TO SCHOOLS AND TEACHERS IMPROVEMENT (D-RASATI)			15,000	INSTALLATION OF SOLAR LIGHTS	FMV
		MIDDLE EAST AND NORTH AFRICA	DEVELOPING ASSISTANCE TO SCHOOLS AND TEACHERS IMPROVEMENT (D-RASATI)			22,402	SCIENCE LABS EQUIPMENTS	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PODOCONIOSIS MAPPING PROJECT	SUB-SAHARAN AFRICA	1	23,600	WIRE TRANSFER			
PLACEMENT OF FIREFIGHTING TANKS AND CREATION OF VOLUNTARY TEAMS OF COORDINATION	EUROPE (INCLUDING ICELAND & GREENLAND)	68			10,282	EQUIPMENT, MASKS, HELMETS, VESTS	FMV
HYGIENE KITS (2 TOWELS, 4 TOOTHBRUSH, 2 SOAP, & 1 TOOTHPASTE) FOR 20 SCHOOLS	MIDDLE EAST AND NORTH AFRICA	2,000			13,260	HYGIENE KITS (2 TOWELS, 4 TOOTHBRUSH, 2 SOAP, & 1 TOOTHPASTE) FOR 20 SCHOOLS	ACTUAL COST AS PROVIDED BY THE DONOR AND VERIFIED FOR REASONABLENESS
SCHOOL KITS (12 NOTEBOOKS, 1 RULER, 1 ERASER, 4 PENCILS, 1 SET OF COLOURED PENCILS, 1 SCISSORS, & 1 PENCIL SHARPENER) TO 20 SCHOOLS	MIDDLE EAST AND NORTH AFRICA	500			2,125	SCHOOL KITS (12 NOTEBOOKS, 1 RULER, 1 ERASER, 4 PENCILS, 1 SET OF COLOURED PENCILS, 1 SCISSORS, & 1 PENCIL SHARPENER) TO 20 SCHOOLS	ACTUAL COST AS PROVIDED BY THE DONOR AND VERIFIED FOR REASONABLENESS
AGRICULTURAL COMMODITIES DISTRIBUTED TO THE IOCC PROJECT BENEFICIARIES PHASE 1	MIDDLE EAST AND NORTH AFRICA	1,125			299,602	SEEDS AND SEEDLINGS, WATER TANKS, DRIP PIPES, PLASTIC TIE, HEAD LINES - MATERIALS NECESSARY FOR WATER CATCHEMENTS/HOUSEHOLD GARDENS AND GREENHOUSES)	FMV
POULTRY DISTRIBUTION TO IOCC BENEFICIARIES PHASE 1	MIDDLE EAST AND NORTH AFRICA	1,388			80,759	CHICKEN, FEED, CAGES	FMV
AGRICULTURAL COMMODITIES DISTRIBUTED TO THE IOCC PROJECT BENEFICIARIES PHASE 2	MIDDLE EAST AND NORTH AFRICA	600			90,981	SEEDS AND SEEDLINGS, WATER TANKS, DRIP PIPES, PLASTIC TIE, HEAD LINES - MATERIALS NECESSARY FOR WATER CATCHEMENTS/HOUSEHOLD GARDENS AND GREENHOUSES)	FMV
AGRICULTURAL COMMODITIES DISTRIBUTED TO IOCC BENEFICIARIES	MIDDLE EAST AND NORTH AFRICA	1,553			98,546	SEEDS & SEEDLINGS, BEES AND BEEHIVES, SHEEPS, CHICKEN/CAGES, AND FEED	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	2,600			28,461	BEDDING SETS (BLANKETS, BED LINEN, PILLOW, PILLOW COVER AND TOWELS)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	500			13,065	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	1,000			18,263	HOUSEHOLD ITEMS (COOKING GAS-STOVE, SMALL AND BIG DISHES, FORKS, KNIVES, SPOONS, PAN, POT, GLASS, MUGS, KETTLE, VARIOUS KITCHEN UTENSILS)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	8,000			63,820	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	16,600			15,552	ANTI-LICE MEDICINE	FMV
EMERGENCY ASSISTANCE FOR SYRIAN REFUGEES IN JORDAN	MIDDLE EAST AND NORTH AFRICA	16,500			160,189	SCHOOLS UNIFORMS/TRAINING SUITS	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	9,140			56,682	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, WET NAPKINS AND A MOP)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	216			17,330	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	475			14,245	BLANKETS	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	475			10,545	HEATING STOVE	FMV
IOCC RESPONSE TO SYRIAN REFUGEES AND IDPS	MIDDLE EAST AND NORTH AFRICA	800			10,514	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, WET NAPKINS AND A MOP)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	780	65,098	CASH PAYMENTS			
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	8,000			172,452	FOOD PARCEL (RICE, SUGAR, DRIED BEANS, BULGUR WHEAT, LENTILS, SALT, AND YEA)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	148,000			579,925	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
IMPROVING THE LIVES AND LIVELIHOODS OF IRAQI REFUGEES AND DISADVANTAGED SYRIANS	MIDDLE EAST AND NORTH AFRICA	2,940			29,065	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
ASSISTING IRAQI REFUGEES AND DISADVANTAGED SYRIANS, AND CONTRIBUTING TO IMPROVED LIVELIHOODS	MIDDLE EAST AND NORTH AFRICA	43,160			417,897	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
IOCC RESPONSE TO SYRIAN REFUGEES AND IDPS	MIDDLE EAST AND NORTH AFRICA	1,400			13,716	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	475			3,228	HYGIENE PARCELS (SOAP, SHAMPOO, ANTISEPTIC LIQUID, DISHWASHING SPONGE, LAUNDRY DETERGENT, HAND TOWEL TISSUES, SHAVING CREAM, SHAVING BRUSH, TOOTH PASTE, TOOTH BRUSH, RAZOR, SPONGE FOR BATH, HAIR BRUSH, TOILET PAPER, NAIL CLIPPERS, FEMININE HYGIENE PADS, TOILET BRUSH AND A MOP)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	4,450			44,987	CLOTHING ITEMS (UNDERWEAR, SOCKS, SHIRTS, TRACK SUITS, ETC)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	6,200			193,051	CLOTHING ITEMS (UNDERWEAR, SOCKS, SHIRTS, TRACK SUITS, ETC)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	17,856			185,556	BEDDING SETS (BLANKETS, BED LINEN, PILLOW, PILLOW COVER AND TOWELS)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	4,977			77,027	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	4,660			112,760	HOUSEHOLD ITEMS (COOKING GAS-STOVE, SMALL AND BIG DISHES, FORKS, KNIVES, SPOONS, PAN, POT, GLASS, MUGS, KETTLE, VARIOUS KITCHEN UTENSILS)	FMV
EMERGENCY HUMANITARIAN ASSISTANCE FOR THOSE IMPACTED BY THE CONFLICT IN SYRIA	MIDDLE EAST AND NORTH AFRICA	890			27,434	MATTRESS	FMV
ASSISTING IRAQI REFUGEES AND DISADVANTAGED SYRIANS, AND CONTRIBUTING TO IMPROVED LIVELIHOODS	MIDDLE EAST AND NORTH AFRICA	1,116			12,653	BEDDING SETS (BLANKETS, BED LINEN, PILLOW, PILLOW COVER AND TOWELS)	FMV
ASSISTING IRAQI REFUGEES AND DISADVANTAGED SYRIANS, AND CONTRIBUTING TO IMPROVED LIVELIHOODS	MIDDLE EAST AND NORTH AFRICA	416			15,629	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV
IMPROVING THE LIVES AND LIVELIHOODS OF IRAQI REFUGEES AND DISADVANTAGED SYRIANS	MIDDLE EAST AND NORTH AFRICA	3,200			39,737	BEDDING SETS (BLANKETS, BED LINEN, PILLOW, PILLOW COVER AND TOWELS)	FMV
IMPROVING THE LIVES AND LIVELIHOODS OF IRAQI REFUGEES AND DISADVANTAGED SYRIANS	MIDDLE EAST AND NORTH AFRICA	100			3,441	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	6,000			45,931	BEDDING SETS (BLANKETS, BED LINEN, PILLOW, PILLOW COVER AND TOWELS)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	5,400			64,462	FIRE SET (HEATERS)	FMV
ASSISTANCE TO THE AFFECTED IN SYRIAN CONFLICT	MIDDLE EAST AND NORTH AFRICA	134			2,673	INFANT KIT (BABY SHAMPOO, POWDER, SOAP, DIAPERS, ANTI-ALLERGY CREAM AND BABY WASHING POWDER)	FMV

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
CAMPBELL & COMPANY 1 EAST WACKER DRIVE 3350 CHICAGO, IL 60601	ASSESSMENT OF FUNDRAISING DEPARTMENT		No	0	28,611	-28,611
Total . . . . . ▶					28,611	-28,611

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ST. LOUIS DINNER (event type)	(b) Event #2 CLEVELAND DINNER (event type)	(c) Other events 15 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	52,943	48,720	304,696	406,359
	2 Less Contributions	52,255	45,456	273,425	371,136
	3 Gross income (line 1 minus line 2)	688	3,264	31,271	35,223
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	689	3,264	45,762	49,715
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(49,715)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-14,492

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WHEN IOCC GIVES A GRANT IN THE U S , WE HAVE A CAREFUL SELECTION PROCESS AFTER THE GRANT, WE MONITOR THE IMPLEMENTATION OF THE PROJECT THROUGH INTERACTION WITH THE GRANTEE AFTER THE COMPLETION OF THE PROJECT, WE GET A FINAL REPORT OR FOLLOW-UP FROM THE GRANTEE IN ADDITION, DEPENDING ON THE GRANT, WE MAY MAKE A VISIT TO THE PROJECT SITE

Additional Data Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY INTERNATIONAL DISTRICT 6200149 WEST 161ST STREET GALLIANO,LA 70354	20-3409654	501(C)(3)		6,864,374	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
KIDCARE INTERNATIONAL 1580 N CLAREMONT BLVD STE 202 CLAREMONT,CA 91711	65-1189447	501(C)(3)		697,949	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
DIAKON KATHRYN'S KLOSET THE EVANGELICAL LUTHERAN CHURCH IN AMERICA1101 DESOTO RD BALTIMORE,MD 21223	41-1568278	501(C)(3)		85,675	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS AND HYGIENE SUPPLIES	PROVISION OF HYGIENE ITEMS
UNITED WORLD COLLEGE HIGHWAY 65 MONTEZUMA,NM 87731	85-0297355	501(C)(3)		966,217	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
DESIRE STREET MINISTRIES3600 DESIRE PARKWAY NEW ORLEANS,LA 70126	72-1218825	501(C)(3)		1,003,640	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
MAYOR'S FUND TO ADVANCE NEW YORK CITY 253 BROADWAY 8TH FLOOR NEW YORK,NY 10007	13-3783906	501(C)(3)		175,873	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	HYGIENE ITEMS, BOTTLED WATER	PROVISION OF SUPPLIES FOR HURRICANE SANDY VICTIMS
MARYLAND EMERGENCY MANAGEMENT AGENCY 5401 RUE SAINT LO DRIVE REISTERSTOWN,MD 21136		STATE AGENCY		5,500	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	CLEANING BUCKETS	PROVISION OF SUPPLIES FOR HURRICANE SANDY VICTIMS
GREEK ORTHODOX CHURCH ST DEMETRIOS 30-03 30TH DRIVE ASTORIA,NY 11102	11-1854200	501(C)(3)		422,844	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
GREEK ORTHODOX CHURCH ST ANNA1001 STONE CANYON DR ROSEVILLE,CA 95561	68-0418109	501(C)(3)		241,074	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
GREEK ORTHODOX CHURCH ST NICHOLAS 9501 BALBOA BOULEVARD NORTHRIDGE,CA 91325	13-1632516	501(C)(3)		222,255	DEED OF DONATION FROM SUPPLIER AND IOCC REVIEW OF VALUES FOR APPROPRIATENESS	NEW TEXTBOOKS	PROVISION OF NEW TEXTBOOKS
HABITAT FOR HUMANITY TWIN CITIES3001 4TH STREET SE MINNEAPOLIS,MN 55414	36-3363171	501(C)(3)	12,000				REBUILD ASSISTANCE AFTER TORNADO
HABITAT FOR HUMANITRY TWIN CITIES3001 4TH STREET SE MINNEAPOLIS,MN 55414	36-3363171	501(C)(3)	6,000				CRITICAL HOME REPAIR ASSISTANCE
HABITAT FOR HUMANITY HOUSTON3750 N MCCARTY HOUSTON,TX 77029	76-0207084	501(C)(3)	7,500				ASSISTANCE FOR HOME BUILD
CHURCH WORLD SERVICE 28606 PHILLIPS STREET PO BOX 968 ELKHART,IN 46515	13-4080201	501(C)(3)	10,000				ASSISTANCE FOR DISASTER RELIEF AND RECOVERY
LUTHERAN MISSION SOCIETY601 HAMMONDS LANE BALTIMORE,MD 21225	52-0735885	501(C)(3)	10,000				ASSISTANCE FOR DISASTER RELIEF AND RECOVERY
IOCC FOUNDATION110 WEST ROAD SUITE 360 TOWSON,MD 21204	86-1131936	501(C)(3)	15,430				TO SUPPORT IOCC FOUNDATION ADMINISTRATIVE ACTIVITIES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CONSTANTINE M TRIANTAFILOU CHIEF EXECUTIVE OFFICER	(i)	173,237	0	3,151	17,909	17,323	211,620	0
	(ii)	0	0	0	0	0	0	0
(2)SAM DUNLAP COUNTRY REPRESENTATIVE	(i)	111,650	0	0	8,644	47,416	167,710	0
	(ii)	0	0	0	0	0	0	0
(3)SIGURD HANSON COUNTRY REPRESENTATIVE (ETHIOPIA)	(i)	108,651	0	0	0	47,047	155,698	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FOLLOWING EMPLOYEES RECEIVED NON-TAXABLE HOUSING ALLOWANCE SIGURD HANSON - $36,000 SAM DUNLAP - $40,396

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		9,574,779	DONATION LETTER
5	Clothing and household goods	X		1,674,151	DONATION LETTER
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	5	2,254,165	DONATION LETTER
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SCHOOL KITS)	X	6	562,947	DONATION LETTER
26	Other ▶ (HYGIENE KITS)	X	10	767,181	DONATION LETTER
27	Other ▶ (WHEELCHAIRS)	X	1	65,900	DONATION LETTER
28	Other ▶ (SCHOOL SOLAR SYSTEM)	X	1	15,000	FMV
	Other ▶ (AUCTION ITEMS)	X	22	15,459	FMV

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THIRD PARTY ORGANIZATIONS ARE ENLISTED TO ASSIST IN THE DELIVERY OF COMMODITIES IN THE COUNTRIES TO WHICH RELIEF AND ASSISTANCE IS BEING PROVIDED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED IN DETAIL BY THE CFO AND HQ FINANCE DEPARTMENT AND THEN SENT TO IOCC'S BOARD OF DIRECTORS FOR THEIR VIEWING
	FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY STATEMENT WE REQUEST AN UPDATE AT EACH (SEMI-ANNUAL) BOARD MEETING RELATED TO ANY NEW CONFLICTS THAT MAY NOW BE APPLICABLE IF A BOARD MEMBER HAS A CHANGE THEY WILL BE REQUIRED TO COMPLETE A NEW DISCLOSURE CHECKLIST
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEE COMPENSATION IS BROUGHT TO THE ADMINISTRATIVE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL GENERALLY EACH EMPLOYEE INCLUDING THE OFFICERS, DIRECTORS AND KEY EMPLOYEES, ARE REVIEWED ANNUALLY IN ACCORDANCE WITH OUR ANNUAL PERFORMANCE APPRAISAL SYSTEM THE RESULTS OF THE APPRAISAL ARE BROUGHT TO THE ADMINISTRATIVE COMMITTEE WHERE THE RECOMMENDED COMPENSATION IS REVIEWED AND COMPARED AGAINST OTHER COMPARABLE SALARIES WE USE PAYCHEX PREMIER SERVICES TO PROCESS OUR PAYROLL AND THEY PROVIDE COMPARABLE SALARY AMOUNTS FOR THE COMMITTEE TO REVIEW
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE FINANCIAL STATEMENTS ARE PUBLISHED WITHIN OUR ANNUAL REPORT
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GAIN ON CURRENCY FLUCTUATIONS 72,688

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) IOCC FOUNDATION INCORPORATED 110 WEST ROAD SUITE 360 TOWSON, MD 21204 86-1131936	CHARITABLE PURPOSES	DE	501(C)(3)	LINE 11A, I	INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

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