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Form 990

# **Return of Organization Exempt From Income Tax**

| OMB No 1545-0047

2015

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Interr	nal Revèr	nue Service		miormati	on about Form	990 and its ins	struction	s is at www.irs.	gov/ror	rm990.		Inspection		
A	For the	e 2015 calend	dar year, or tax	year begin	ning			, 2015, and	endin	9		, 20		
В	Check if	applicable	C Name of organ	nization St G	eorge Orth	odox Cathe	edral	Trust Fund				D Employer identification no		
П	Address	change	Doing busines								7	23-7348746		
$\overline{}$	Name ch	-			x if mail is not deliver	ed to street address	)	· · · -	Roc	om/suite	1.	E Telephone number		
$\overline{}$	Initial ret	-		nover St			,			Simounto	- 1	(603) 627-8104		
ᇊ		um/terminated			, country, and ZIP or t	iomica postal sodo					十			
ᆷ						-						1,267,756		
一	Amended return Manchester, NH 03104-5306									Gross receipts\$				
ш	Applicati	ion pending	F Name and add	iress of principa	lofficer				,	H(a) Is this a gre subordinat	oup retu	um for 🗀 🖼		
_			1									5 5		
<u></u>	Tax-exer	npt status X	501(c)(3)	501(c) (	) < (insert no )	4947(a)(1) o	r 📙	527	'	H(b) Are all sub	ordinate	es included? Yes No h a list (see instructions)		
<u>J</u>	Website	• N/2	<u> </u>							(c) Group exe	mption	number		
		organization		Trust Ass	ociation Unther	<u> </u>		L Year of formation	1959	M State	of lega	I domicile NH		
Pé	irt I	Summai	ry	<u> </u>										
	1	Briefly descr	nbe the organiza	ation's missi	on or most signif	ficant activities	The	primary mi	.ss10	n of the	Tru	st Fund is to		
ė		furnish	support f	or the c	general ben	eficial pu	ırpose	s of the St	. Ge	orge Gre	ek (	Orthodox		
anc		furnish support for the general beneficial purposes of the St. General cathedral of Manchester, the Hellenic Community of St. George and									nd their related activities.			
Ë		·				·								
Activities & Governance	2	Check this b	oox ▶ ☐ If the	organization	discontinued its	operations or d	Isposed (	of more than 25%	ofits	net assets				
Ö	3				ming body (Part						3	5		
رن وه	4		-	•	s of the governin	•	line 1b)				4	5		
itie	5		•	-	calendar year 2	• • •	. ,				5	0		
ξį	6		er of volunteers		•		. <b>.</b>				6			
Ă	7a			•	Part VIII, column	(C) line 12					7a			
					from Form 990-	• • •					7b	0		
		14Ct diliciate	u business taxe	able income	101111 01111 990-	1, III 6 34 ·		100 - 100 -	<del></del>		70	0		
	8	Contribution	o and grants (P	Port VIII Juno	1h\	OF		61	<u> </u>	Pnor Year		Current Year		
a			s and grants (P	•	•	1. 1. 1.	۰۰۰	5019: [65]	-			0		
2	9	•	•		2g)	1 1	V. C. 6	الميوان ، الأوران				0		
Revenue	10	Investment	ncome (Part VI	II, column (A	A), lines 3, 4, and	17a) <b>\S</b> \ . \	15% C 3	······································	<u> </u>	300	<u>,919</u>	329,061		
Ř		Other reven	ue (Part VIII, co	olumn (A), lın	ies 5, 6d, 8c, 9c,	10c, and 11e)		N. U.	<u> </u>			0		
	12	Total revenu	ie - add lines 8 f	through 11 (ı	must equal Part	VIII, column (A)	ارe،12)	<u> </u>	ļ	300	<u>,919</u>	329,061		
	13	Grants and	sımılar amounts	s paid (Part I	X, column (A), lıı	nes 1-3) \ · · ·	. جبرين		L	114	,147	250,000		
	14	1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4 Benefits paid to or for members (Part IX, column (A), line 4)										0		
s	15	Salaries, oth	ner compensation	on, employee	e benefits (Part I	X, column (A), I	ines 5-10	)				0		
se	16a	Professional	l fundraising fee	es (Part IX, c	column (A), line 1	1e) · · · ·						0		
Expenses	b	Total fundra	ising expenses	(Part IX, coli	umn (D), line 25)	▶		0		The second		2 -		
ŭ	17	Other expen	ises (Part IX, co	olumn (A), Iır	nes 11a-11d, 11f-	24e) · · ·		<del></del> .		36	,308	33,784		
	18	Total expens	ses Add lines 1	13-17 (must	equal Part IX, co	lumn (A), line 2	5)			150	, 455			
	19	Revenue les	s expenses S	ubtract line	18 from line 12						,464			
	Se								Begir	ning of Current		End of Year		
Net Assets or	20	Total assets	(Part X, line 16	S)						3,572				
Ass	21		es (Part X, line 2	•						0,0,2	/===	3,01,,320		
Se C	E 22		•	•	ine 21 from line :	20				3,572	251	3,617,528		
	irt II		re Block							3,312	,	3,017,320		
Unde	r penaltie	es of perjury, I dec	are tivat have exar	mined this return	n, including accompa	nying schedules and	d statement:	s, and to the best of m	y knowle	dge and belief, it	ıs			
true,	correct, a	and complete Dec	laration of preparer	(other than office	per) is based on all in	formation of which p	reparer has	any knowledge				-1-1-1		
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ζSig	<u>ı</u> n	Signatu	ure of officer	<del>v</del>							Date	70770		
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Pai	id		eparer's name		Preparer's signatur	me.	<b>^</b>					PTIN		
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				<del></del>	own above? (see		• • • •	• • • • • • • •	• • •		• • •	· · · 🔀 Yes 🗌 No		
For	Paper	work Reducti	on Act Notice,	see the sep	parate instructi	ons.						Form 990 (2015)		

	1990 (2015) St George Orthodox Cathedral Trust Fund	23-7348746	Page 2							
Pa	Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>							
1	Briefly describe the organization's mission									
	The primary mission of the Trust Fund is to furnish support for the general	beneficial								
	purposes of the St. George Greek Orthodox Cathedral of Manchester, the Hellenic Community of									
	St. George and their related activities.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ?	· · · · 📙 Yes	X No							
	If "Yes," describe these new services on Schedule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_							
	services?	· · · · 📙 Yes	X 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 measure									
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,								
	the total expenses, and revenue, if any, for each program service reported									
	(0.1									
4a	(Code) (Expenses \$250,000 including grants of \$) (Revenue		,							
	St. George Greek Orthodox Cathedral 650 Hanover Street Manchester, NH 03104	-5306								
			····-							
	<del></del>	···-								
		<del></del>								
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$								
70	(Code) (Expenses \$) (Revenue	Φ	<del></del> '							
		<del> </del>								
		-								
		·								
		<del> </del>								
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)							
			<u> </u>							
		<del>.</del>								
		<del></del>								
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$ ) (Revenue \$	)								
4e	Total program service expenses ► 250,000									
EEA		Fo	m <b>990</b> (2015)							

Form 990 (2015)

St George Orthodox Cathedral Trust Fund

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u>-</u> -		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporanily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
"				
	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-		
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	IIa		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
C		11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	$\stackrel{\wedge}{\vdash}$
t	· · · · · · · · · · · · · · · · · · ·	11f		X
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Χ
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12		13	<del> </del>	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	• • • •	<del>                                     </del>	<u> </u>
b	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		Х
15	isolgi missamona valesa al visolosi si mele il mele complete compl	140	$\vdash$	<u> </u>
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		$\vdash$	<del>  ^</del> _
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,, <u>,,</u>		$\vdash^{\sim}$
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>-"</del>		<del>  ^</del> -
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	٠,٠		<u> </u>
13	If "Yes," complete Schedule G, Part III	19		x
_	in 100, complete confedure O <sub>1</sub> 1 art in		000 /	2015)

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 202 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 25a. 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 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 Χ 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 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 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ....... 35a 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 35h 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 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, Χ

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

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Form 990 (2015) St George Orthodox Cathedral Trust Fund
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\tilde{X}$	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
b	If "Yes," did the organization include with levery 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).	1		
а	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		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a put taxable distributions under section 49662	0.0		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
a a	Initiation fees and capital contributions included on Part VIII, line 12		ł	
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	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent 1h 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? Χ 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? Χ Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) No Did the organization have local chapters, branches, or affiliates? Χ 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 15b 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 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NH 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) 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, address, and telephone number of the person who possesses the organization's books and records Dick Anagnost (603)627-8104, 650 Hanover Street, Manchester, NH 03104-5306

Form 990 (201:	5) St George Orthodox Cathedral Trust Fund	23-7348746	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated Employees	, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an compensation compensation from hours per amount of officer and a director/trustee) week (list any from related other hours for the organizations compensation related organization (W-2/1099-MISC) from the Individual <ey employee Highest compensated (W-2/1099-MISC) organizations organization below dotted and related organizations trustee (1) Dick Anagnost 2.00 X Trustee 0 0 (2) Philip Blatsos 1.00 Trustee Χ 0 0 (3) Philip Liakos 1.00 Х 0 0 Trustee \_ 1 .00 (4) John G Mokas 0 Trustee 0 (5) Joyce Anderson 1.00 Χ 0 Trustee 0 (6) (8) (9) (10) (11) (12) (13)\_ (14)

Form 990 (2015)

Page 8

Part	MIL Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (	Comp	ensa	ated Employees (	continued)		
					(0							
	(A)	(B)	(do n	ot che	Posi ck m		an one		(D)	(E)	(F	)
	Name and title	Average hours per	box, ı	ınless	s pers	on is	both an		Reportable compensation	Reportable compensation from	Estima amoun	
		week (list any	<b></b>				trustee)	П	from	related	othe	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compens	
		organizations	ecto	ution	- E	emp	est c	뼥	(W-2/1099-MISC)	(**-271055-141100)	organiz	
		below dotted line)	frus	al to		oyee	duto			1	and ref	
		11107	lee	stee			ensa			1	Organiza	3110113
							ted					
(15)		1									<del> </del>	
7.5/												
(16)									<del></del>			
<u>-</u>		<u> </u>										
(17)												
		[										
(18)												
(19)												
(20)_												
		<u> </u>								-	-	
<u>(21)</u>												
		-								<del> </del>	-	
(22)												
(00)		ļ										
(23)												
(24)								-		ļ. ——	<del>                                     </del>	
(24)_		<b></b>										
(25)											<del>                                     </del>	
7-2/		h										
1b	Sub-total	<del></del>	<del>'                                    </del>	• •	• •							
С	Total from continuation sheets to Part VII, Section	on A										
d	Total (add lines 1b and 1c)									0	T	0
2	Total number of individuals (including but not limited							_	than \$100,000 of			
	reportable compensation from the organization									_ 0		
											Ye	s No
3	Did the organization list any former officer, director	, or trustee, k	ey emp	oloye	e, o	r hig	hest o	comp	ensated			
	employee on line 1a? If "Yes," complete Schedule J	for such indi	vidual						<i></i>		3	X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensatı	on a	ind o	ther	comp	ensa	ation from the		3.3	
	organization and related organizations greater than	· ·			•	e Sc	hedule	e J fo	or such			,
	Individual										4	X
5	Did any person listed on line 1a receive or accrue c			-				nizati	on or individual			
C4	for services rendered to the organization? If "Yes," or	complete Sch	edule .	J for	suc	h pe	rson		· · · · · · · · · · ·		5	_ <u>X</u>
	on B. Independent Contractors											
1	Complete this table for your five highest compensation											
	compensation from the organization Report compe	ensation for th	e carer	noar	yea	r en	aing w	iiin o	r within the organi	zation's tax		
	year								<u></u> -	<del></del>		
	(A)								(B)		(C)	-4
	Name and business address								Description of	SerVICeS	Compens	auon
	<del></del>		·					_		<del></del>		
		<del></del>							<del> </del>	<del>-</del>	<del></del>	
								-				
									+			
	Total number of independent contractors (including	but not limite	d to the	ose I	ister	j abi	ove) w	/ho		- · · · · · · · · · · · · · · · · · · ·		
-	received more than \$100,000 of compensation from						• •				*	

		Check if Schedule O contains a response of	or note to any line in th	ns Part VIII	<u></u>		<u></u> . [
		•		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
इड	1a	Federated campaigns	1a				
ira our	ь		1b	Ţ- · -			~
ΘĒ	С	Fundraising events	1c				
新る	d	Related organizations	1d				i
ő.E	е	Government grants (contributions) · ·	1e				
ion S	f	All other contributions, gifts, grants,			-		-
the the		and similar amounts not included above	1f	<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	\$				
<u>a Ö</u>	h	Total. Add lines 1a-1f	<u> ▶</u>				
•			Business Code		CTARTAL A CALLED		
enu	2a						
æ	b			-			
ΑCΘ	C						
Ser	d						
Program Service Revenue	9	All II					
Proç		All other program service revenue · · · · ·					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere and other similar amounts)		101 150			101 150
	4	Income from investment of tax-exempt bond p		101,152			101,152
		Royalties · · · · · · · · · · · · · · · · · · ·					<u> </u>
		(ı) Real	(II) Personal	<u> </u>			
	6a	Gross rents	(1) 0.00.10.				
	ļ	Less rental expenses · · · ·		7			
	С	Rental income or (loss)	• • • • • • • • • • • • • • • • • • • •	7		}	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other	_			
		assets other than inventory 1,166,	604				•
	ь	Less cost or other basis					
		and sales expenses · · · 938,		_			
	I	Gain or (loss)		<b>_</b>			
ω.	l	Net gain or (loss)		227,909			227,909
eune	8a	Gross income from fundraising					
ě		events (not including \$					
Other Rev		of contributions reported on line 1c) See Part IV, line 18 · · · · · · · · · · · · · · · · · ·					
Ě	١,	Less direct expenses					
J	ı	Net income or (loss) from fundraising events		<del></del>			
		Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · ·	а				
	b	Less direct expenses			1	-	
	С	Net income or (loss) from gaming activities					~ ~
	10a	Gross sales of inventory, less					
		returns and allowances	а				
	b	Less cost of goods sold · · · · · · · ·	b				
	С	Net income or (loss) from sales of inventory	<b>&gt;</b>			<u> </u>	
		Miscellaneous Revenue	Business Code			_	
	11a						
	Ь		_	-			
	C	AII. II	_				
	1	All other revenue					
	l .	Total. Add lines 11a-11d		202 222	_	_	200 5 5 5
	12	Total revenue. See instructions · · · · ·	· · · · · · · · •	329,061	. 0	0	329,061

# Part IX Statement of Functional Expenses

	(D) draising penses
8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal. c Accounting 9 Other (if line 11g amount exceeds 10% of line 25, column (a) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 16 Occupancy 17 Travel 18 Payments of travel or einertainment expenses 16 for any federal, state, or local public officials	draising
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	
Individuals See Part IV, line 22	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members.  5 Compensation of current officers, directors, trustees, and key employees.  6 Compensation included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and person plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes.  11 Fees for services (non-employees)  21 Advantagement.  22 Professional fundraising services. See Part IV, line 17  23 Investment management fees.  29 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  280  280  280  280  280  280  280  28	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
Individuals See Part IV, lines 15 and 16	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal. c Accounting d Othery in the first of the first order orde	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal	
trustees, and key employees 6	
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  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  e Professional fundraising services See Part IV, line 17  f Investment management fees  g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )  280 280 280 280  13 Office expenses  Information technology  Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  4 Management  b Legal  c Accounting  e Professional fundraising services See Part IV, line 17  f Investment management fees  g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )  2 Advertising and promotion  10 Defice expenses  11 Fees for services (non-employees)  2	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes	
8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         9           9         Other employee benefits         9           10         Payroll taxes         9           11         Fees for services (non-employees)         9           a Management         9         10           b Legal         10         10           c Accounting         10         10           d Lobbying         10         10           e Professional fundraising services See Part IV, line 17         10         10           f Investment management fees         10         10         10           g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)         10         10         10           12         Advertising and promotion         10	
Section 401(k) and 403(b) employer contributions	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees) a Management	
a Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17 .  f Investment management fees	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)       280         12 Advertising and promotion       280         13 Office expenses       9         14 Information technology       9         15 Royalties       9         16 Occupancy       9         17 Travel       9         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       9	
(A) amount, list line 11g expenses on Schedule O )       280         12 Advertising and promotion          13 Office expenses          14 Information technology          15 Royalties          16 Occupancy          17 Travel          18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
for any federal, state, or local public officials	
19 Conferences conventions and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
24 Other expenses litemize 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	
b	
c	
d d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e . 283,784 250,000 33,784	0
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)	

Form 990 (2015) St George Orthodox Cathedral Trust Fund 23-7348746 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 2 2 153,745 443,938 3 Pledges and grants receivable, net ............... 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 7 7 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a Less accumulated depreciation . . . . . . . . . . . . 10b b 10c 11 3,418,506 11 3,173,590 Investments - other securities See Part IV, line 11 ....... 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16 3,572,251 16 3,617,528 17 Accounts payable and accrued expenses ........... 17 18 18 19 19

26 0 n Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 3,617,<u>528</u> 3,572,251 complete lines 30 through 34. 30 30

. . . . . . . . . . . . . . . .

Total net assets or fund balances ...........

Total liabilities and net assets/fund balances ..........

Escrow or custodial account liability. Complete Part IV of Schedule D.

Loans and other payables to current and former officers, directors,

trustees, key employees, highest compensated employees, and

Secured mortgages and notes payable to unrelated third parties

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third

parties, and other liabilities not included on lines 17-24) Complete Part X

disqualified persons Complete Part II of Schedule L

32 33 3,61<u>7,528</u> 3,572,251 34 3,572,251 3,617,528

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EEA

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33

-iabilities

Form 990 (2015)

_		<u> 73487</u>	46	Pa	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	329,0	061
2	Total expenses (must equal Part IX, column (A), line 25)	2		283,	
3	Revenue less expenses Subtract line 2 from line 1	3		45,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,5	572,2	
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		-		
		10	3,6	517,5	528
Pa	rt:XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other		Ē.		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		#		_
	Schedule O		<u>.                                    </u>	<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		= 137		
	reviewed on a separate basis, consolidated basis, or both				
	⊠ Separate basis			r a	•
b	Were the organization's financial statements audited by an independent accountant?		. 2b	L	X
	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		-5		] :
	Separate basis Consolidated basis Both consolidated and separate basis				-
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		-		-
	Schedule O		<u> </u>		
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		X
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		
EEA			Form	990 (2	2015)

### SCHEDULE A

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer identification number

		rge Orthodox Cathedral T					23-73487						
Pa	rt l	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t) See instructio	ns					
The (	orgai	nization is not a private foundation beca	ause it is (For lines	s 1 through 11, check only	one box )								
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1	)(A)(ı).							
2		A school described in section 170(b)	(1)(A)(iı). (Attach S	Schedule E (Form 990 or	990-EZ))								
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).							
4		A medical research organization oper	ated in conjunction	with a hospital described	l in section	170(b)(1	(A)(iii). Enter the						
		hospital's name, city, and state											
5		An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	I unit described in	-					
		section 170(b)(1)(A)(iv). (Complete I	Part II)										
6		A federal, state, or local government of	or governmental un	nt described in section 13	70(b)(1)(A)	(v).							
7		An organization that normally receives	s a substantial part	of its support from a gove	emmental	unit or fron	n the general public						
8		described in section 170(b)(1)(A)(vi) A community trust described in section											
9	$\bar{\Box}$	An organization that normally receives			contributio	ns, membe	ership fees, and gross	3					
		receipts from activities related to its e		• •									
		support from gross investment incom-											
		acquired by the organization after Jur		•		•							
10	П	An organization organized and operat											
11	$\overline{\boxtimes}$						carry out the purpose	es of					
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). Che													
	one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> See <b>section 509(a)(3)</b> . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g												
	а	Type I. A supporting organization	• •		•		•	•					
		the supported organization(s) the				-							
		organization You must complet			•		.,	ŭ					
	b	Type II. A supporting organization	<del>-</del>		its suppor	ted organiz	zation(s), by having						
				orting organization vested in the same persons that control or manage the supported									
		organization(s) You must comp		· ·									
	С	X Type III functionally integrated.			ection with	and funct	ionally integrated with	٦,					
		its supported organization(s) (see											
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	ipported organization	(s)					
		that is not functionally integrated	The organization g	enerally must satisfy a dis	stribution re	equiremen	t and an attentivenes	s					
		requirement (see instructions) Ye	ou must complete	Part IV, Sections A and	I D, and Pa	art V.							
	0	Check this box if the organization	received a written	determination from the IF	S that it is	a Type I, 1	Type II, Type III						
		functionally integrated, or Type III	non-functionally inf	tegrated supporting organ	nization								
	f	Enter the number of supported organi	zations · · · ·					[	1				
	g	Provide the following information about	t the supported or	ganization(s).									
	(ı	) Name of supported organization	(II) EIN		(iv) is the o		(v) Amount of monetary	(vi) Amount					
				(described on lines 1-9 above (see instructions))	listed in you docum	-	support (see instructions)	other support instruction					
							,		,				
					Yes	No							
A)													
	St (	George Greek Orth	02-0230366	1		X	250,000		0				
B)													
						-							
C)													
D)													
E)													
T-1.		_							_				
Гota	1	<u> </u>	l		L		250,000		0				

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Sch 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.)

Sec	tion A. Public Support		<del></del>		·	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 · · · · · ·						
5	The portion of total contributions by	· <u>-</u>					
	each person (other than a						
	governmental unit or publicly			<u>.</u>			
	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 · ·						
Sec	tion B. Total Support			-		•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	· · · · · · · ·	<u></u>				▶ 🗍
	tion C. Computation of Public Su	<del>· ·                                    </del>				T T	
14	Public support percentage for 2015 (line 6, c		•			14	%
15	Public support percentage from 2014 Sched						%
16a	33 1/3% support test - 2015. If the organization						
_	box and stop here. The organization qualified	•	•			• • • • • • • • • • • • • • • • • • • •	▶ ∐
b	33 1/3% support test - 2014. If the organiza						, n
170	check this box and stop here. The organiza	•	• • • •	•			▶ ⊔
17a	10%-facts-and-circumstances test - 2015	_			•		
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fact organization		_				<b>.</b> n
ь.	· ·						▶ ∐
b	10%-facts-and-circumstances test - 2014.					iie	
	15 is 10% or more, and if the organization megapitation in Part VI how the organization meet				·	ch	
	supported organization · · · · · · · ·			•	•	•	⊾ □
18	Private foundation. If the organization did r						
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2015

St George Orthodox Cathedral Trust Fund

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)

Se	ction·A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support						<u>'</u>
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	<del>-</del>					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
	First five years. If the Form 990 is for the org organization, check this box and stop here						▶ □
	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co		•				%
16	Public support percentage from 2014 Scheduction D. Computation of Investment			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	.   16	%
5e0				olumn (A)		47	
17 18	Investment income percentage for 2015 (line Investment income percentage from 2014 Sc		•	* * * *		· ·	%
	33 1/3% support tests - 2015. If the organiza	ation did not ched	ck the box on line 14	, and line 15 is mo	ore than 33 1/3%, a	nd line	
	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the organiza line 18 is not more than 33 1/3%, check this b	ation did not checoox and stop her	ck a box on line 14 or re. The organization	or line 19a, and line qualifies as a pub	e 16 is more than 3 licly supported orga	3 1/3%, and	▶ □
20	Private foundation. If the organization did no	it check a box or	n line 14, 19a, or 19i	o, check this box a	nd see instructions		▶ 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Yes	No
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Pa	Supporting Organizations (continued)		<u> </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		je Jek	- 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		Х
Sec	tion B. Type I Supporting Organizations		<u> </u>	
	Did the discrete as twisters as a second curbin of one or many commended assessment being the converte	E 74	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-	7	= =
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		 Annos	
	controlled the organization's activities. If the organization had more than one supported organization,			4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	enguine and what contained or rectification, if any, applied to each perior during the tax year			-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	-	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		] =
	or management of the supporting organization was vested in the same persons that controlled or managed			1 3
	the supported organization(s).	<u> </u>		<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Ĩ.a	=
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X.	
•		-	7.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	
	the organization maintained a close and continuous working relationship with the supported organization(s)	-	-	X
3	By reason of the relationship described in (2), did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's	E.	_	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			_ `
	supported organizations played in this regard.	3	<u> </u>	X
	tion E. Type III Functionally-Integrated Supporting Organizations		4:	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	cuons	>)
a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	tions'
2	Activities Test Answer (a) and (b) below.	(	Yes	
а			=	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	that these activities constituted substantially all of its activities.	2a	Х	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	
_	activities but for the organization's involvement.	2b	Х	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	, , , , , , , , , , , , , , , , , , ,		ļ	
L	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<del> </del>
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<del> </del> -
	or no supported organizations: ii res, describe in rait vi the role played by the organization in this legald	199	1	L

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganız	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov 20, 1970 See i	nstructions. All
other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			~
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	ļ-		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·· ·· · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	-		
factors (explain in detail in Part VI):		-	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		-
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	7		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	······································	<del></del>
7 Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	······································	
5 Income tax imposed in prior year	5	z pr. – minimmiger a nemanana karj jara-	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	11		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	v-inter	rated Type III supporting	organization (see

instructions).

Sched	ule A (Form 990 or 990-EZ) 2015 St George Orthodox Cathed	dral Trust	Fund		23-73	48746	Page <b>7</b>
	rt V Type III Non-Functionally Integrated 509(a)(3			zations (		10/40	, ago ,
	ction D - Distributions	,	·9 - · 9		,	Curre	nt Year
1	Amounts paid to supported organizations to accomplish exer			<del></del> -			
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity		, ,				
3	Administrative expenses paid to accomplish exempt purpose	s of supporte	ed organizat	lions			
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organizatio	n is respons	sive			
	(provide details in Part VI). See instructions						
9	Distributable amount for 2015 from Section C, line 6		•				
10	Line 8 amount divided by Line 9 amount						
		(ii)					(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Underdistributions				butable	
		LACC33 DIS	dibudons	Pre	-2015	Amoun	t for 2015
_1_	Distributable amount for 2015 from Section C, line 6	, i					
2	Underdistributions, if any, for years prior to 2015	3- 3-5					
	(reasonable cause required-see instructions)	2.				:	
_3_	Excess distributions carryover, if any, to 2015:						
a							
<u>b</u>		17.		- 1.	rattin r-nim at	,	
<u>c</u>		11-			-	-	
	From 2013						<del></del>
	From 2014	52.2		<u> </u>	 		
	Total of lines 3a through e				5°-		
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						With the second
_ <u>i</u>	Carryover from 2010 not applied (see instructions)		- <u>4</u> -			-	
<u>_j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f				, b. 14		
4	Distributions for 2015 from Section	1 -	_				
	D, line 7 <sup>-</sup> \$		** **** ****	<u> :</u>	- ,		
	Applied to underdistributions of prior years					75- 1	· · · · · · · · · · · · · · · · · · ·
	Applied to 2015 distributable amount	<u> </u>			nature entrete de la companya de la		***************************************
	Remainder Subtract lines 4a and 4b from 4	<u> </u>					
5	Remaining underdistributions for years prior to 2015, if	#2	∻.				2.
	any Subtract lines 3g and 4a from line 2 (if amount						-
	greater than zero, see instructions)						
6	Remaining underdistributions for 2015. Subtract lines 3h	7					
	and 4b from line 1 (if amount greater than zero, see		: <u>X</u>	- 1	_ ~		
	instructions)		,				
7	Excess distributions carryover to 2016. Add lines 3j					9	+ + -
	and 4c.	p				. je	· - · - · - · ·
8	Breakdown of line 7:	20 20 10 10 10 10 10 10 10 10 10 10 10 10 10					-
2	· · · · · · · · · · · · · · · · · · ·						

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c Excess from 2013

d Excess from 2014

e Excess from 2015

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Schedule A (Fo	rm 990 or 990-EZ) 2015	St George	Orthodox Ca	thedral Trust	Fund	23-7348746	Page 8
Part VI	Supplemental	nformation. Pr	ovide the explai	nations required	by Part II, line 10;	Part II, line 17a or 17	7b, Part
	III, line 12; Part	IV, Section A, Iir	nes 1, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a	i, 9b, 9c, 11a, 11b, a	and 11c; Part IV, Sec	tion
	B, lines 1 and 2	Part IV, Section	n C, line 1, Part	IV, Section D, Iir	nes 2 and 3, Part IV	, Section E, lines 1c,	2a, 2b,
•	3a and 3b; Part	V, line 1; Part V	, Section B, line	1e; Part V, Sect	ion D, lines 5, 6, ar	nd 8, and Part V, Sec	tion E,
	lines 2, 5, and 6	Also complete	this part for any	additional infor	mation. (See instru	ctions.)	
01. Ap	pointed of	elected (I	Part IV Sec	ct. D line	2)		
The True	at Franciscophe e	localu with (	the St. Coope	a Omthadau Ca	thedral on a re		
Ine IIus	se rund works e	losely with	che St. Georg	e or modox ca	tchediai on a le	guiar <u>Da</u> sis.	
02. На	ve a signif	icant voic	ce (Part I	V, Sect. D	, line 3)		
The Trus	st Fund makes 1	ndependent 11	nvestment dec	isions. The	supported organ	ızation can	
make red	quests for fund	s, but the de	ecision is ma	de by the Tru	st Fund's Board	•	<del>.</del>
03. Di	rectly furt	her the ex	empt purp	oses (Part	IV, Sect. E	l, line 2a)	
The acti	ivities support	ed are relate	ed to the ope	rational and	capital needs o	f the supported	
organıza	ation. These ar	e key to the	supported or	ganizations a	bility to furth	er its tax	
exempt p	ourpose. The su	pported organ	nization requ	ests funds an	d the request 1	s reviewed and	
voted or	by the board.	The Board ta	akes all of t	he activities	of the support	ed organization	<u> </u>
into acc	count when maki	ng funding de	ecisions.				
04. Ac	t. supporte	d organiza	ation(s) w	ould have	engaged in (P	Part IV, E, 21	b)
The supp	ported organiza	tion request	needed assis	tance from th	e Trust Fund.	The Trust Fund	<del></del>
works cl	losely with the	supported or	rganization t	o determine t	hat the request	s, as well as	<del></del>
all of t	the activities,	are aligned	with the Tru	st Fund's pur	pose.		
				•			

SCHEDULE (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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No 1545-0047

**%** □ (h) Purpose of grant or assistance Support of operations Cathedral X Yes Employer identification number 23-7348746 (g) Description of non-cash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 250,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501 (c) (3) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 02-0230366 St George Orthodox Cathedral Trust Fund (p) EIN (1)St George Greek Orthodox Ca (a) Name and address of organization Manchester, NH 03104 or government 650 Hanover Street Name of the organization Part Part II 6 3 <u>@</u> 3 9 9 8 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA

Schedule I (Form 990) (2015)

23-7348746

St George Orthodox Cathedral Trust Fund

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015)

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
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PardW	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, III	ne 2, Part III, colum	n (b), and any other add	ditional information.

# 01. Monitoring procedures (Part I, line 2)

The Cathedral formally requests funds. All disbursements are reviewed by the Trust Fund's board.

Schedule 1 (Form 990) (2015)

# 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

linspection

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Name of the organization Employer identification number St George Orthodox Cathedral Trust Fund 23-7348746 01. Committee meeting documentation (Part VI, line 8b) There are no Committee meetings. All activity administered by the Board. 02. Form 990 governing body review (Part VI, line 11) The Trustees review Form 990. Additionally, the Trustees discuss and or present a copy of Form 990 at the general membership meeting of St George Greek Orthodox Cathedral held each year. 03. Conflict of interest policy compliance (Part VI, line 12c) The Trustees review and monitor the conflict of interest policy regularly on an annual basis. 04. Governing documents, etc, available to public (Part VI, line 19) No documents available to the public.