



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



BRTVU 46-4403751 201612

SS-03

FORM 990-EZ

CHRISTIAN ORPHAN HEALTH
1183 CLUB WAY
IN CARE OF NAME:
FOREIGN ADDRESS:

INTERNATIONAL
HARDEEVILLE

SC 29927-4257

FOREIGN COUNTRY CD:

Image & Destroy

10/26/2017

g3

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0425874673
July 17, 2017 LTR 2695C 0 R
46-4403751 201612 67
Input Op: 0425874673 00025530

CHRISTIAN ORPHAN HEALTH
INTERNATIONAL
1183 CLUB WAY
HARDEEVILLE SC 29927



009983

DECLARATION

Under penalties of perjury, I declare that I've examined the return identified in this letter, including any accompanying schedules and statements, and any supplemental statements attached hereto, which are intended as supplements to the return, and to the best of my knowledge and belief, it's true, correct and complete. I understand this declaration will become a permanent part of the return.

Charles A. Ray
Signature of authorized individual
Executive Director
Title

8-15-17
Date



OMB Clearance No.: 1545-1150



009!

Complete Part III of the form 706 and Schedule D instructions.

☒ Check here if the organization isn't required to attach Schedule B. You must also sign the declaration at the end of this letter.