Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2021 calenda	ar year, or tax year beginning 10/01/2021 and ending	09/	/30/20	22
B c	heck if ap	oplicable:	C Name of organization	D Empl	oyer id	entification number
	Address c	change	ORTHODOX AFRICA		8	1-4159069
	Name cha	-	E Telep	hone n	umber	
$\overline{}$	nitial retur	rn n/terminated	5874 Orchard Hill Court		57	1-338-4537
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exe	mption
	Applicatio	n pending	Clifton, VA 20124	Num	nber 🕨	<u> </u>
G A	ccount	ting Method:	✓ Cash Accrual Other (specify) ► H (Check •	► 🗌 i	f the organization is not
	/ebsite			equired	l to atta	ach Schedule B
J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	Form 99	90).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
			500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	101,793
Pá	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the i			•
		Check if	the organization used Schedule O to respond to any question in this Part I			<u>v</u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	101,793
	2	Program se	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment	income		4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
ne	С 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:		5c	0
	а		ome from gaming (attach Schedule G if greater than	0		
Revenue	b		me from fundraising events (not including \$ 0 of contribution aising events reported on line 1) (attach Schedule G if the	ns		
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0		
	С		t expenses from gaming and fundraising events 6c	0		
	d	Net incom- line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract	6d	0
	7a	Gross sale	s of inventory, less returns and allowances 7a	0	-	
	b		of goods sold	0		
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	101,793
	10		similar amounts paid (list in Schedule O)		10	80,465
	11		uid to or for members		11	0
S	12		her compensation, and employee benefits		12	0
nse	13	Profession	al fees and other payments to independent contractors		13	0
Expenses	14		y, rent, utilities, and maintenance		14	0
Щ	15		ublications, postage, and shipping		15	21
	16	Other expe	nses (describe in Schedule O) .See Schedule O, Statement 1		16	9,563
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	90,049
S	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	11,744
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			·
As		end-of-yea	r figure reported on prior year's return)		19	45,003
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	<u>. </u>	20	0
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	56,747

Form 990-EZ (2021) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 45.003 22 56.747 23 0 23 0 Other assets (describe in Schedule O) _ 0 24 24 0 25 45,003 25 56.747 0 26 26 Total liabilities (describe in Schedule O) . . . 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 45.003 27 56.747 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Charitable, educational, religious 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Funds distributed to St. John Maximovitch Center in Uganda were used for infrastructure (flood mitigation), furniture, technology, and monthly mission expense. 28a 28,175) If this amount includes foreign grants, check here . . . 28,175 Funds distributed to Orthodox Christian Youth Network of Uganda were used for the network spiritual development and setting up a headquarters (national registration, water tanks, water heater, inside doors and windows, solar). (Grants \$ 20,784) If this amount includes foreign grants, check here 29a 20,784 Funds distributed to St. Barnabas Orthodox Orphanage and School were used for finishing interior and furnishing a dining hall at a new building. 13,402) If this amount includes foreign grants, check here 30a 13,402 Other program services (describe in Schedule O) See.Schedule O,.Statement 2. 18,104) If this amount includes foreign grants, check here 31a 18,104 32 80,465 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (Forms W-2/1099-MISC/ (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Christopher J Brown 20.00 0 0 0 **Executive Director** Gabrielle Karam 0 10.00 0 n Secretary Andrea J Hollander 3.00 0 0 0 **Board Member** Olga N Grogan 3.00 0 0 0 Treasurer Seraphim Holland 3.00 0 0 0 **Board Member Gerasimos Kambites** 3.00 0 0 0 **Board Member Peter Tobias** 3.00 0 **Board Member**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	04		. •
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
ь 38а	Did the organization file Form 1120-POL for this year?	37b		
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		<i>-</i>
39	Section 501(c)(7) organizations. Enter:	-		
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ▶ VA			
42a	The organization's books are in care of ▶ Olga N Grogan Telephone no. ▶ §	571-33	8-4537	7
	Leasted at N. FOTA Outbout IVIII Occurt OUTFOR VA 00404	20	124	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶	720		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.)	▶ □
	<u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44-1		
450		44d 45a		~
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	758		
5	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 98	90-EZ (20	J2 I)						ŀ	age -
								Yes	No
46	Did th	ne organization engage, directly or ir	ndirectly, in political c	ampaign activities o	on behalf of o	r in opposi	tion		
		ndidates for public office? If "Yes," of							~
Part		Section 501(c)(3) Organizations							
		All section 501(c)(3) organization		stions 47–49b and	d 52, and co	mplete th	e tables	for lin	es
		50 and 51.	o maor anomor quo		a 02, and 00	mpioto tii	0 100.00		-
			andula O ta raanand	to any avantion in	thic Dort \/				
		Check if the organization used Sc	redule O to respond	to any question in	i illis Pari Vi				
	5			504(1)			. —	Yes	No
47		ne organization engage in lobbying				during the	tax		
	•	If "Yes," complete Schedule C, Par					. 47		~
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete	e Schedule E		. 48		~
49a	Did th	ne organization make any transfers t	o an exempt non-cha	ritable related orgai	nization?		. 49	а	~
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?			. 491	o	
50		plete this table for the organization's						es, ar	d ke
		oyees) who each received more thar							
		, , , , , , , , , , , , , , , , , , , ,	•	(c) Reportable	(d) Health		-,		
	(2)	Name and title of each employee	(b) Average	compensation		to employee	(e) Estima	ted amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISO			other co	mpensa	tion
			'	1099-NEC)	compe	nsation			
None									
	-		A 400.000						
		number of other employees paid ov							
51	Comp	plete this table for the organization	s five highest compe	ensated independer	nt contractors	s who each	n receive	d more	thar
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensa	tion	
None									
	T-4-1	number of other instance of other	natava acele uz huli	Over \$100,000					
		number of other independent contra	•		· •				
52		he organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) org	ganizations n	nust attacl			
	comp	leted Schedule A					► 🗹 Ye	s	No
		of perjury, I declare that I have examined this					nowledge a	nd belief	it is
ırue, co	rrect, an	d complete. Declaration of preparer (other than	i oificer) is based on all info	mation of which prepare	r nas any knowle	euge.			
		\							
Sign		Signature of officer			Dat	е			
J		Olga Grogan, Treasurer							
-		Olga Grogani, ricasarci							
-		Type or print name and title							
Here		Type or print name and title	Preparer's signature		Date	T ₀ ,	PTIN		
Here Paid			Preparer's signature		Date	Check self-emplo	l if		
Here Paid Prep		Type or print name and title Print/Type preparer's name	Preparer's signature			self-emplo	l if		
Here Paid Prep	arer Only	Type or print name and title Print/Type preparer's name Firm's name	Preparer's signature		Firr	self-emplo	l if		
Paid Prep Use	Only	Type or print name and title Print/Type preparer's name			Firr	self-emplo	l if		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	Name of the organization Employer identification number						number	
ORTHODOX AFRICA 81-4159069								
Par		Reason for Public Cha		<u> </u>			<u> </u>	ons.
The o	□ A c	ation is not a private founda church, convention of church school described in section	hes, or associati	on of churches descri	bed in se	ection 17	,	
3	□Ah	nospital or a cooperative hos	spital service org	anization described in	n section	170(b)(1)(A)(iii).	
4	ho	medical research organization spital's name, city, and state	e:					•
5	se	organization operated for ction 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described i
6 7	🗸 An	ederal, state, or local governorganization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				the general publi
8	□ A c	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or uni	agricultural research organi university or a non-land-gra iversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	rec sup acc	organization that normally reports from activities related poort from gross investment quired by the organization a	to its exempt ful t income and uni fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ole incom)(2). (Cor	eptions; a ne (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ / ₃ % of its
11		organization organized and	•	•	•			
12	one	organization organized and e or more publicly supported box on lines 12a through 12	d organizations d	escribed in section 50	0 9(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Chec
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ijority of t	• , , ,	
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally integration that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	•
е		Check this box if the organ functionally integrated, or 7	nization received Type III non-func	a written determination	on from the	ne IRS that organizat	at it is a Type I, Type ion.	e II, Type III
f		r the number of supported o						
g		ride the following information						
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

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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) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 60,836 98,145 74,984 62,553 101,793 398,311 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 4 **Total.** Add lines 1 through 3. . . . 60,836 98,145 74,984 62,553 101,793 398,311 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) 39,626 **Public support.** Subtract line 5 from line 4 358,685 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 60,836 98,145 74,984 62,553 101,793 398,311 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 O 0 n 0 **Total support.** Add lines 7 through 10 398,311 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 90.05 % 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			э, рос.оо		,	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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	Total support. (Add lines 9, 10c, 11,						
.0	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	l, third, fourth.	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			•		▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2021 (line 8						%
16	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2021 (* * *	•	. , ,		%
18	Investment income percentage from 2020						%
19a	33 ¹ / ₃ % support tests—2021. If the organi						
	17 is not more than 331/3%, check this box	_	_	-		-	_
b	331/3% support tests—2020. If the organiz						
00	line 18 is not more than 331/3%, check this b	_	=	•	-		_
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, (cneck this box	and see instru	ctions 🕨 🗀

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

secu	on A. All Supporting Organizations		Yes	No
1	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.	1	163	140
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Casti	11 0 0	2		
Secu	on 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 the supported organization(s).	1	res	NO
Secti	on 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	, .	, .	,, .
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ın		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	26		
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Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	90
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	1		
3	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	oses of supported orga	nizations	3	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
Sect	Line 8 amount divided by line 9 amount ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	10 IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
_ <u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
_	Excess from 2021				

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 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, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

ORTHODOX AFRICA	81-4159069
Form 990-EZ, Part I, Line 10 - 1. St. John Maximovitch Center, Uganda=\$28,175; 2. Orthodox Christian You	th Network of Uganda=\$20,784;
3. St. Barnabas Orthodox Orphanage & School, Kenya=\$13,402; 4. St. Peter Rigena Orthodox Orphanage	
John Chrysostom School, Uganda=\$4,002; 6. Holy Annunciation Church, Uganda=\$2,045; 7. St. Tabitha H	
30mi Cinysostom 30n00, oganda-\$4,002, 6. Holy Almundation Church, oganda-\$2,046, 7. St. Tabilita H	ouse (Orphanage), Kenya-\$310.

Schedule O, Statement 1 ORTHODOX AFRICA

Form: Form 990-EZ (2021)

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Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Bank and Government Fees	125
Advertising and Marketing	287
Website and computer technology	596
Travel and Entertainment	8,555
Total:	9,563

Schedule O, Statement 2 ORTHODOX AFRICA

Form: Form 990-EZ (2021)

EIN: **81-4159069**

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Other Program Service Accomplishments

Part III, Line 31

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Funds distributed to St. Peter Rigena Orphanage & School in Kenya were used for well boring.	11,147		11,147
Funds distributed to St. John Chrysostom School in Uganda were used for tractor repair.	4,002		4,002
Funds distributed to Holy Annunciation Church in Uganda were used for a survey to title the church land.	2,045		2,045
Funds distributed to St. Tabitha House in Kenya were used for infrastructure projects around the orphanage.	910		910
Total:			18,104