### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	or the	and 2023 calendar year, or tax year beginning and	ending					
Β	Check if applicable	c Name of organization		D Employer identified	cation number			
	Addres change	IOCC FOUNDATION, INCORPORATED						
	Name			86-1131936				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r				
	Final return/	110 WEST ROAD	(410) 243-98					
	terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	826,363.				
	Ameno return		H(a) Is this a group re	eturn				
	Applic tion	F name and address of principal officer: Constrainting TREATER THE	for subordinates	? Yes X No				
	pendin	<sup>g</sup> SAME AS C ABOVE		H(b) Are all subordinates ir				
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
-	Websit			H(c) Group exemptio	n number			
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2004	A State of legal domicile: DE			
Pá	art I	Summary						
đ	1	Briefly describe the organization's mission or most significant activities: TO OPE	RATE FOR	RELIGIOUS,				
ŭ		CHARITABLE, AND EDUCATIONAL PURPOSES BY RECEIVING GIFTS, DON	IATIONS,					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	1			
٥ ٨	3				9			
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) $\ldots$			0			
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	9			
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		49,029.	11,543.			
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51,858.	98,633.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,887.	110,176.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	90,000.	92,313.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	F0_000	(0.215			
	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,829.	60,315.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		149,829.	152,628.			
<u>, o</u>		Revenue less expenses. Subtract line 18 from line 12		-48,942.	/			
Net Assets or				ginning of Current Year	End of Year			
SSei	20	Total assets (Part X, line 16)		3,124,685.	3,455,174.			
etA	21	Total liabilities (Part X, line 26)		7,895.	10,751.			
, Ži	22	Net assets or fund balances. Subtract line 21 from line 20		3,116,790.	3,444,423.			

Part II Signature Block

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

Sign	Signature of off	icer				Date		
Here	TAMARA SEGA	LL, CHIEF FINANCIAL & ADM	IN OFF.					
	Type or print na	me and title	$\gamma$					
	Print/Type prepa	arer's name	Preparer s signature	R	Date	Check	PTIN	
Paid	KRISTEN BAR	NETT	/ flister	Darnett	08/01/24	self-employed	P01234578	
Preparer	Firm's name	RSM US LLP	(			Firm's EIN 4	2-0714325	
Use Only	Firm's address	1001 WATER ST. STE. 500						
		TAMPA, FL 33602				Phone no.813-	316-2300	
May the I	RS discuss this	return with the preparer shown ab	ove? See instructions				X Yes	No
LHA For	Paperwork Re	duction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form <b>990</b>	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) IOCC FOUNDATION, INCORPORT		8	6-1131936	Page	2
Par	t III Statement of Program Service Accomplis	hments				
	Check if Schedule O contains a response or note to any	y line in this Part III			🗌	
1	Briefly describe the organization's mission:					
	TO OPERATE FOR RELIGIOUS, CHARITABLE, AND EDU					
	RECEIVING GIFTS, DONATIONS CONVEYANCES, DEEDS		SES OF			
	MONEY AND PROPERTY AND USING THE NET INCOME F					
	PURPOSES, IN SUPPORT OF THE WORK OF AND FOR T					
2	Did the organization undertake any significant program service	ces during the year which w	vere not listed on the			
	prior Form 990 or 990-EZ?			Yes	X N	D
	If "Yes," describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant ch	nanges in how it conducts,	any program services?	Yes	X N	D
	If "Yes," describe these changes on Schedule O.					
4	Describe the organization's program service accomplishment					
	Section 501(c)(3) and 501(c)(4) organizations are required to r	report the amount of grants	and allocations to others, th	e total expenses, ar	ld	
	revenue, if any, for each program service reported.		00.212 . /			
4a	·		92,313. ) (Revenue \$ _			_ )
	THE FOUNDATION IS ORGANIZED EXCLUSIVELY FOR C PURPOSES FOR THE BENEFIT OF INTERNATIONAL ORT					
		HODOX CHRISTIAN CHAP	KITIES,			
	INC.					
						—
4b	(Code:) (Expenses \$ inc	luding grapte of \$				<u> </u>
чы			) (nevenue \$			. /
4c	(Code:) (Expenses \$ inc	luding grants of \$	) (Revenue \$			)
4d	Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of \$	)	(Revenue \$	)		
4e	Total program service expenses 92	2,313.		0	90 (000	

 Form 990 (2023)
 IOCC
 FOUNDATION,
 INCORPORATED

 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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
L	Part VI	11a		-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		21	
С		11c		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	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 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21	х	

IOCC FOUNDATION, INCORPORATED

Par	rt IV Checklist of Required Schedules (continued)			J	
			Yes	No	
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		х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	x		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	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	25a		х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	X		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		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, Part VI	37		Х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
_	Note: All Form 990 filers are required to complete Schedule O	38	X		
Par	rt 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	
		0			
		0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

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1c

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
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		х
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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
U	to file Form 8282?	7c		x
d		10		
e		7e		х
f		7e 7f		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	$N/\lambda$	9a		
a h		9a 9b		
b 10		90		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 N/A <b>10a</b>	-		
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: Gross income from members or shareholders N/A 11a			
		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	-		
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? N/A	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 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a9			
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		х х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 70	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	6		A
7a		7a	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		
D	a sub-set to the set of the set o	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77
a ⊾	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		Δ
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable aptituduring the year?	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	TAMARA D. SEGALL - (410) 243-9820			
	110 WEST ROAD, 360, BALTIMORE, MD 21204			

Form 990 (2	2023) IOCC FOUNDATION, INCORPORATED	86-1131936	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regard	0	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	box, unless per officer and a di		x, unless person is both an ficer and a director/trustee)					compensation	compensation	amount of
	week									from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	100011207	and related		
	below	idual 1	In stitutional trustee	5	n plo	est co oyee	er			organizations		
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(1) CONSTANTINE M. TRIANTAFILOU	4.00											
CHIEF EXECUTIVE OFFICER	36.00			х				0.	310,473.	54,120.		
(2) TAMARA D. SEGALL	4.00											
CHIEF FINANCIAL & ADMIN. OFFICER	36.00			х				0.	194,949.	39,163.		
(3) CHARLES J. HINKATY	2.00											
CHAIRMAN		Х		х				0.	0.	0.		
(4) BERT W. MOYAR	2.00											
TREASURER		X		x				0.	0.	0.		
(5) STEVE RADAKOVICH	2.00											
SECRETARY		Х		х				0.	0.	0.		
(6) DIMITRI ZGOURIDES	2.00											
DIRECTOR		Х						0.	٥.	0.		
(7) REV. MICHAEL ELLIAS	2.00											
DIRECTOR		Х						0.	٥.	0.		
(8) JASMINA BOULANGER	2.00											
DIRECTOR		X						0.	0.	0.		
(9) THOMAS SUEHS	2.00											
DIRECTOR		X						0.	0.	0.		
(10) ALEX MACHASKEE	2.00											
DIRECTOR		X						0.	0.	0.		
(11) MARIA MOSSAIDES	2.00											
DIRECTOR		X						0.	0.	0.		
		-										
		-										
		1										
				-		-						
										000		

Form	990 (2023) IOCC FOUNDAT:	ION, INCORP	ORA	TED						86-1131	936	5	Page <b>8</b>
Part		tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	(do box offic		(C Pos heck i ss per	<b>C)</b> ition more rson is	l than c s both	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	/	from organiz and re organiz	the zation elated
1b	Subtotal								0.	505,42	2.	9	3,283.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	505,42	0. 2.	9	0. 3,283.
2	Total number of individuals (including but n compensation from the organization								ceived more than \$100,	000 of reportable			, 0
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		Ye	es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	Im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		4 X	
	rendered to the organization? If "Yes." corr ion B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .					5	X
	Complete this table for your five highest co the organization. Report compensation for										nsati	ion from	
	(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	С	<b>(C)</b> ompensa	tion
								+					
	Total number of independent contractors (in \$100.000 of compensation from the organi	•	ot lin	nited	l to i		e lis	ted	above) who received mo	ore than			

Form	1 990	(2023) IOCC	FOUNDA	TION, II	NCORPORATED			86-113193	6 Page <b>9</b>
Pa	rt VII	II Statement of Re	venue						
		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	•• • • • •		1b					
ja g	с	Fundraising events		1c					
àifts ar A	d	Related organizations		1d					
s, G	е	Government grants (contr		1e					
rsi	f	All other contributions, gifts,	grants, and	1					
ibut		similar amounts not included	above	1f	11,543.				
d tr	g	Noncash contributions included in	lines 1a-1f	1g \$					
<u>a C</u>	h	Total. Add lines 1a-1f				11,543.			
					Business Code				
e	2 a	l							
ervi Je	b								
e Dr	с								
Program Service Revenue	d								
roc	е	-							
<b>•</b>	•	All other program service			-				
	g								
	3	Investment income (includ other similar amounts)				103,384.			103,384.
	4	Income from investment of			procoods	100,001.			100,001.
	- <del>-</del> 5	Royalties		-					
	J			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	()					
	b		6b						
	c	( ) ( )	6c						
		Net rental income or (loss	· · · · · · · · · · · · · · · · · · ·						
		Gross amount from sales of		Securities					
		assets other than inventory	7a	711,436	•				
	b	Less: cost or other basis							
ne		and sales expenses	7b	716,187					
venue	с	Gain or (loss)	7c	-4,751	•				
രി	d	Net gain or (loss)		·····		-4,751.			-4,751.
Other R	8 a	Gross income from fundraisi	•						
ð		including \$							
		contributions reported on	,						
	_	Part IV, line 18							
		Less: direct expenses			0				
		Net income or (loss) from		-					
	9 a	Gross income from gamin	-						
	<b>"</b>	Part IV, line 19							
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from</li> </ul>		·····					
		Gross sales of inventory, I							
	10 a	and allowances			a				
	h	Less: cost of goods sold							
		Net income or (loss) from		·····					
					Business Code				
Miscellaneous Revenue	11 a	L							
ane	b								
iell: eve	с								
Alisc	d	All other revenue							
2	е	Total. Add lines 11a-11d							
_		Total revenue. See instruction				110,176.	0.	0.	98,633.

IOCC FOUNDATION, INCORPORATED

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 92,313. 92,313. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 32,960. 32,960. Management а b Legal 9,770. 9,770. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 12,570. 12,570. f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 290. 290. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) REGISTRATION FEES 4,725. 4,725. а b С d All other expenses е Total functional expenses. Add lines 1 through 24e 152,628, 92,313, 60,315 0. 25 26 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

90 (	2023) IOCC FOUNDATION, INCORPORATED	
Х	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	
1	Cash - non-interest-bearing	
2	Savings and temporary cash investments	
3	Pledges and grants receivable, net	

ļ	2	Savings and temporary cash investments		382,766.	2	163,392.
ļ	3	Pledges and grants receivable, net		3		
ļ	4	Accounts receivable, net		4		
ļ	5	Loans and other receivables from any current or				
ļ		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
ļ	6	Loans and other receivables from other disqualifi	ed persons (as defined			
ļ		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥8	9				9	
ļ	10a	Land, buildings, and equipment: cost or other				
ļ		basis. Complete Part VI of Schedule D	10a			
ļ	b	Less: accumulated depreciation	10b		10c	
ļ	11	Investments - publicly traded securities		1,085,166.	11	1,388,347.
ļ	12	Investments - other securities. See Part IV, line 1	1	1,656,753.	12	1,903,435.
	13	Investments - program-related. See Part IV, line 1	1		13	
ļ	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		3,124,685.	16	3,455,174.
	17	Accounts payable and accrued expenses	83.	17	2,113.	
ļ	18	Grants payable			18	
ļ	19	Deferred revenue		19		
ļ	20	Tax-exempt bond liabilities		20		
ļ	21	Escrow or custodial account liability. Complete P	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iabi		controlled entity or family member of any of these	e persons		22	
┛│	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
ļ	24	Unsecured notes and loans payable to unrelated		24		
ļ	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines				
		of Schedule D	7,812.	25	8,638.	
	26	Total liabilities. Add lines 17 through 25		7,895.	26	10,751.
6		Organizations that follow FASB ASC 958, chec	ck here			
alances		and complete lines 27, 28, 32, and 33.		<u> </u>		05.460
alar	27			64,421.		25,469.
ä	28	Net assets with donor restrictions	3,052,369.	28	3,418,954.	
ŭ l		Organizations that do not follow FASB ASC 95	58, check here			
ш Ъ		and complete lines 29 through 33.				
Net Assets or Fund B	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equ			30	
Ϋ́Α	31	Retained earnings, endowment, accumulated inc		31		
<u> </u>	~~		2 116 700		2 111 100	
z	32 33			3,116,790. 3,124,685.	32 33	3,444,423. 3,455,174.

**(B)** End of year

1

**(A)** Beginning of year

382,766.

Form 990 (2023)
Part X Bal

Form **990** (2023)

Form	990 (2023) IOCC FOUNDATION, INCORPORATED	86-1131936	;	Pa	<sub>ge</sub> 12	
	rt XI Reconciliation of Net Assets				2	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		110,	176.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		152,	628.	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	,116,	790.	
5	Net unrealized gains (losses) on investments	5		370,	085.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,	,444,	423.	
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
		-		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2023	

	Ins	spect	ion	
			ublic	

-

## -

Name of	the organization					E		
Dort I		OUNDATION, INCO						86-1131936
Part I	Reason for Public (					ee instructions.		
, Č	nization is not a private found	·	•	-	,			
	A church, convention of chu				on 170(b)(1	1)(A)(i).		
2	A school described in section							
3	A hospital or a cooperative					•		
4	A medical research organiza	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(ii	ii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	l or operat	ed by a go	overnmental unit	describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	•				.,		
7 📖	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🔛	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a la	nd-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	e college	or
	university:							
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its s	support fr	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the orgar	nization a	fter June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
11 🔛	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 X	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to carry	/ out the	purposes of one or
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> c	or section	509(a)(2).	See section 50	<b>9(a)(3).</b> C	Check the box on
	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	2g.	
a X	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	ically by g	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustees	of the su	ipporting
	organization. You must c	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organization(	s), by hav	ing
	control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	orted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	integrate	d with,
	its supported organization	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supporte	d organiz	ation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	n attentiv	reness
	requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
e X	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						1
	vide the following information					1		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized in your governing	anization listed ing document?	(v) Amount of m		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
INTERNA	TIONAL ORTHODOX							
CHRISTI	AN CHARITIES, INC.	25-1679348	7	X		9	2,313.	0.
Total						9	2,313.	0.
LHA For	Paperwork Reduction Act	Notice, see the Inst	tructions for Form 990	or 990-EZ	. 332021	1 12-21-23	Sche	dule A (Form 990) 2023

		000	0000
Schedule A	(FOIII)	990	2023

L131936 F	age <b>2</b>

Schedule A	(Form 990) 2023 IOC	C FOUNDATION,	INCORPORATED		86-1131936	Pa
Part II	Support Schedule for O	rganizations l	Described in Sect	ons 170(b)(1)(A)(iv) and 17	0(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 unde	r Part III. If the organi	zation
	fails to qualify under the tests li	sted below, pleas	e complete Part III.)			

Sec	tion A. Public Support						-
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 carried 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. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi				i01(c)(3)	
	organization, check this box and stop	here			·····		
Sec	tion C. Computation of Publi	c Support Per	rcentage			<b>T</b>	
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>stop here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s

Schedule A (Form 990) 2023

# Schedule A (Form 990) 2023 IOCC FOUNDATION, INCORPORATED 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.)

Calendar year (of fical year beginning in )       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         1       diffs, grants, contributions, and membranis (rest, restriction)       (f) Total       (f) Total       (f) Total         2       diffs, grants, contributions, and membranis (restriction)       (f) Total       (f) Total       (f) Total         2       diffs, grants, contrabutions, and membranis (rest, restriction)       (f) Total       (f) Total         3       diffs, grants, contrabution, and membranis (rest, restriction)       (f) Total       (f) Total         4       diffs, grants, contrabution, and membranis (restriction)       (f) Total       (f) Total         5       diffs, grants, contrabution, and membranis (restriction)       (f) Total       (f) Total         6       Total, contrabution, and membranis (restriction)       (f) Total       (f) Total         6       Total, contrabution, and membranis (restriction)       (f) Total       (f) Total         7       A mounts included on Inte 1, 2, and 3       (g) 2019       (g) 2020       (c) 2021       (g) 2023       (f) Total         9       Anotants included on Inte 1, 2, and 3       dift, for the restriction of the restrict	Je	Stion A. Public Support							
membership fear received. (Do not include any Nursukal grants?)	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
include any "unusual grants ")	1	Gifts, grants, contributions, and							
2         Grass receipts from admissions performed, or facilities trunished in any activity that is related to the organization's tax-exempt purpose		membership fees received. (Do not							
metchandise sold or services per- formed, or faulties furnised to the organization's take wompt purpose       image: sold or services or faulties that are not an unrelated trade or bus- iness under section 513         3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513       image: sold or sold or the organization's benefit and ether paid to or expended on its behalt         5 The value of services or faulties furnished by a governmental unit to the organization without charge       image: sold or sold or sold or or expended or its behalt         6 Total. Add lines 1 through 5       image: sold or sol		include any "unusual grants.")							
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
are not an unrelated trade or bus- iness under section 513  4 Tax revenues levied for the organ- ization'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	3	•							
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icrossions benefit and either pair to or expended on its behalf	4								
or expended on its behalt           5 The value of services or facilities turnished by a governmental unit to the organization without charge <ul></ul>	7	•							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		•							
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the organization without charge	5								
6       Total. Add lines 1 through 5									
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	~	• • …							
3 received from disqualified persons       b         b       Amounts included on lines 2 and 3 received         torm other indegualitie parameters but it as the the year       c         c       Add lines 7 and 7 b         c       Add lines 7 and 7 b         d       Public support. (Barting line 7 thon line 5)         Section B. Total Support       C         Calendar year (of fisal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9       Amounts include on line 70s.       Image: Composition of the fisal support       Image: Composition of the fisal support       Image: Composition of the fisal support         9       Amounts form line 6       Image: Composition of the fisal support is composition is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         11       Net income Den on l									
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Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2019       (b) 2020       (c) 2021       (d) 2022       (e) 2023       (f) Total         9 Amounts from line 6									
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Yes

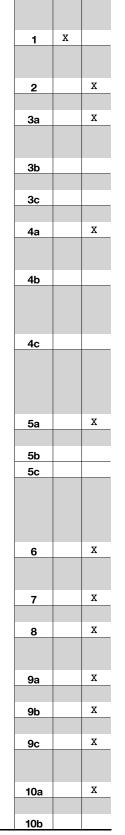
No

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

# Section A. All Supporting Organizations

- 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.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- **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 (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).*
- 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).*
- **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 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.**
- c 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? *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 line 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.)



b	The organization is the parent of each of its supported organizations. Complete line 3 below.
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en
2	Activities Test. Answer lines 2a and 2b below.
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.
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.
3	Parent of Supported Organizations. Answer lines 3a and 3b below.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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. 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.

# Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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). Section 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		

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
- tity (see instruction<u>s)</u>

- trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b 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.

2a

2b

3a

3b

Yes No

11b

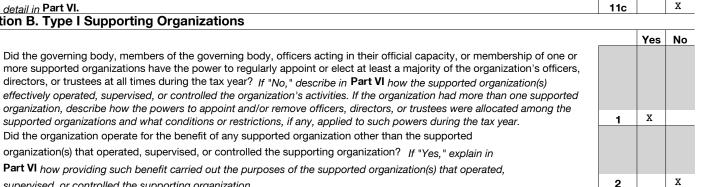
# 11 Has the organization accepted a gift or contribution from any of the following persons?

IOCC FOUNDATION

- a 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?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

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Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

1

Yes No Х 11a

> Yes No

1

х

Check here if the organization satisfied the Integral Part Test as a qualifying tr			
	rust on N	lov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	T
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction 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):			
a Average monthly value of securities	1a		
• Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally in	ntegrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990)	1000 TOCC	FOUNDATION	INCORPORATED
Schedule A (Form 990)	) 2023 1000	roombinition,	

8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

_	dule A (Form 990) 2023 IOCC FOUNDATION, INC				86-1131936	Page
Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)		
ect	ion D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
0	Line 8 amount divided by line 9 amount	1		10		
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
-	Excess distributions carryover to 2024. Add lines 3j					
7						

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 IOCC FOUNDATION, INCORPORATED	86-1131936	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additive (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,

	<b>HEDULE D</b> n 990)	Supplementa Complete if the organ Part IV, line 6, 7, 8, 9, 10,	nization answered "\	es" on Form 990,		OMB No. 1545-0047
	tment of the Treasury al Revenue Service		ttach to Form 990.			Open to Public Inspection
	e of the organizat				Emp	oloyer identification number
De		IOCC FOUNDATION, INCORPORAT				86-1131936
Pa		ations Maintaining Donor Advised on answered "Yes" on Form 990, Part IV, lin		Similar Funds or Ac	coun	<b>ts.</b> Complete if the
	organizatio	Straitsweled Tes Off-Offi 990, Fait IV, in	e o. (a) Donor adv	ised funds	(b) Eun	ds and other accounts
4	Total number at a	and of yoor	.,			
1 2		nd of year of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		on inform all donors and donor advisors in v		held in donor advised fund	ds	
	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for	any other purpose conferr	ing	
	impermissible priv					
Pa	rt II Conserv	vation Easements. Complete if the org	anization answered "	Yes" on Form 990, Part IV,	, line 7.	
1		servation easements held by the organization	· · · · · ·	,,		
		n of land for public use (for example, recreat	ا (tion or education	Preservation of a histo	-	
		of natural habitat	L	Preservation of a cert	ified his	storic structure
•		n of open space	ind concernation cont	with ution in the form of a co		tion accoment on the last
2	day of the tax yea	a through 2d if the organization held a qualif ar	led conservation cont	noution in the form of a co	riserva	Held at the End of the Tax Year
а					2a	
b					2b	
c	U U	rvation easements on a certified historic stru			2c	
d		rvation easements included on line 2c acqui				
		ture listed in the National Register			2d	
3		rvation easements modified, transferred, rele			ization	during the tax
	year					
4		where property subject to conservation eas				
5	•	ation have a written policy regarding the per	<b>0</b> , 1	ection, handling of		
_	,	forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservation	on ease	ments during the year
7	Amount of oxnon		ling of violations, and	onforcing concervation on	oomon	a during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ing of violations, and	enforcing conservation ea	Semen	s during the year
8	Does each conse	 rvation easement reported on line 2d above	satisfy the requirement	nts of section 170(h)(4)(B)(i	)	
-		n)(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organizatio	n's financial statements the	at desc	ribes the
_	organization's acc	counting for conservation easements.				
Pa		ations Maintaining Collections of		reasures, or Other S	imila	r Assets.
		if the organization answered "Yes" on Form				
1a	0	n elected, as permitted under FASB ASC 95	, ,			
		easures, or other similar assets held for pub			ice of p	Siigud
L		n Part XIII the text of the footnote to its finan			o choot	works of
b	-	n elected, as permitted under FASB ASC 95 sures, or other similar assets held for public				
		ving amounts relating to these items.	SAMULTING CUUCALION		o pu	
	•	uded on Form 990, Part VIII, line 1				\$
						\$
2	.,	received or held works of art, historical trea				
	-	ounts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1				\$

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 332051 09-28-23

\$

Sche		ATION, INCORPORA				131936	Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar Ass	ets <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use of i	ts		
	collection items (check all that apply).							
а	a Public exhibition d Loan or exchange program							
b	<b>b</b> Scholarly research <b>e</b> Other							
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrang					V, line 9, or		
	reported an amount on Form 990, Par		0			, ,		
1a	Is the organization an agent, trustee, custodi	an. or other intermed	iarv for contribution	s or other assets no	t included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII							
-			ering tablet			Amour	nt	
c	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.							]
Par								<u></u>
		(a) Current year	(b) Prior year		(d) Three years ba	ick (e) Fou	r vears	back
1a	Beginning of year balance	3,052,369.	3,741,905.					269.
	Contributions	2,750.	2,500.		-			000.
	Net investment earnings, gains, and losses	468,718.	-590,104.	-	-			572.
	Grants or scholarships		,				,	
	Other expenditures for facilities							
e		92,313.	88,802.	78,736.	69,95	4	53	974.
f	Administrative expenses	12,570.	13,130.		-			353.
		3,418,954.	3,052,369.				,903,	
g 2	End of year balance Provide the estimated percentage of the curr	I			0,010,01		,,,,,	
	Board designated or guasi-endowment	ent year end balance		ij nelu as.				
	Permanent endowment 66.1200	%	_%					
b	Term endowment 33.8800							
С	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse	•	tion that are hold or	d administered for t	ha			
Ja	organization by:	SSION OF THE OFGATILZA	lion that are held af		ne		Yes	No
	5					3a(i)		x
								x
Ь	(ii) Related organizations?	tiona liatad aa raquira	d on Sobodulo D2			<u>Sa(ii)</u> 3b		
4						30		
Par	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipm							
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
						(d) Doc		
	Description of property	<b>(a)</b> Cost or ot basis (investm		• • •	Accumulated epreciation	( <b>d)</b> Boo	ok valu	е
	Land		Dasis					
	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K, line 10c, column	<u>(B))</u>				0.
					Sched	lule D (Fori	n <b>990</b> )	) 2023

IOCC FOUNDATION, INCORPORATED

#### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

	, ,	, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) 1619-ISHARES S&P 500 INDEX (IVV)	773,283.	END-OF-YEAR MARKET VALUE
(B) 1626-VANGUARD CRSP US MID CAP (VO)	378,273.	END-OF-YEAR MARKET VALUE
(C) 6636-VANGUARD FTSE DEVELOPED (VEA)	317,864.	END-OF-YEAR MARKET VALUE
(D) 4735-VANGUARD EMG MKT ETF (VWO)	194,608.	END-OF-YEAR MARKET VALUE
(E) 23087-PAYDEN FDS EMRG MKT BD (PYEMX)	239,407.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. line 12. col. (B))	1,903,435.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value

1.	(a) Description of hability	(b) BOOK Value
(1)	Federal income taxes	
(2)	DUE TO IOCC	8,638.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X line 25 col (B))	8,638.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2023 IOCC FOUNDATION, INCORPORATED			86-1131936	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	467,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	370,085.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	370,085.
3	Subtract line 2e from line 1			3	97,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,570.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,570.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	110,176.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		1	
1	Total expenses and losses per audited financial statements			1	140,058.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	140,058.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,570.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	12,570.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u> </u>		5	152,628.
Pa	t XIII Supplemental Information				

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BE USED FOR THE SUPPORT OF IOCC, INC. AND ITS

CHARITABLE ACTIVITIES. ALL EARNINGS FOR THE ENDOWMENT ARE REFLECTED AS

TEMPORARILY RESTRICTED NET ASSETS UNTIL APPROPRIATED FOR EXPENDITURE OF

THE BOARD OF DIRECTORS.

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN

RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL

INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS AN

ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND

Schedule D (Form 990) 2023 IOCC FOUNDATION, INCORPORATED	86-1131936	Page 5
Part XIII Supplemental Information (continued)		
(VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC		
SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE FOUNDATION IS ANNUALLY		
REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM		
990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON		
NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO		
ITS EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS NOT SUBJECT		
TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION		
BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS FOR THE YEAR ENDED		
DECEMBER 31, 2023.		

SCHEDULE I (Form 990) Department of the Treasury	Go	arants and Oth vernments, an ete if the organizatio	d Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047 <b>2023</b> Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for		ation.		Inspection
Name of the organization	ON, INCORPORAT	ED					Employer identification number 86-1131936
Part I General Information on Grants and	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?						
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domestic	<b>Governments.</b> C	complete if the orga	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES, INC 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	92,313.	0.			HEALTH, CLEAN WATER AND SANITATION, AND AGRICULTURE
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> <li>For Paperwork Reduction Act Notice, see th</li> </ul>	listed in the line	i table	e line 1 table				1. 0. Schedule I (Form 990) 2023

Page 2

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

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

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PERIODIC PROJECT REPORTS AND PRESENTED TO THE IOCC FOUNDATION BOARD

DISCLOSING THE STATUS OF THE PROJECT AND A FINAL REPORT IS ALSO PROVIDED TO

THE BOARD AT THE CONCLUSION OF THE PROJECT.

SCHEDULE J		Compensation Information	OMB N	OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	023			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	2	UZU	)		
	rtment of the Treasury	Attach to Form 990.		to Pub			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		pection			
man	ne of the organizatior		Employer identifica 86-1131936	nuon nu	mber		
Pa	rt I Question	IOCC FOUNDATION, INCORPORATED S Regarding Compensation	80-1131930				
	att Question.			Yes	No		
<b>1</b> a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990	105	NU		
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c		naluse				
	Travel for com	i i i i i i i i i i i i i i i i i i i					
		ation and gross-up payments					
		spending account	ur, chef)				
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	11	<b>b</b>			
2	Did the organizatior	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	o committee Written employment contract					
	Independent c	ompensation consultant					
	Form 990 of of	ther organizations Approval by the board or compensation of	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-			37		
a		e payment or change-of-control payment?			X		
b		eive payment from a supplemental nonqualified retirement plan?			X		
С	•	eive payment from an equity-based compensation arrangement?		>	X		
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only costion E01/c	V(2) = EO1(a)V(4) and $EO1(a)V(20)$ associations must complete lines E. O					
F		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	contingent on the re	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation evenues of:	11				
а	The organization?		54		x		
		ation?			X		
5		ation?					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
J	contingent on the n						
а	•		68		x		
b	Any related organiza	ation?			X		
~		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3				
		les 5 and 6? If "Yes," describe in Part III			х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
-					х		
9		id the organization also follow the rebuttable presumption procedure described in					
		I 53.4958-6(c)?					
For		on Act Notice, see the Instructions for Form 990.	Schedule J (Fo		) 2023		

86-1131936

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CONSTANTINE M. TRIANTAFILOU	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	290,981.	0.	19,492.	15,945.	38,175.	364,593.	0.
(2) TAMARA D. SEGALL	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL & ADMIN. OFFICER	(ii)	181,978.	0.	12,971.	9,958.	29,205.	234,112.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:

IOCC FOUNDATION, INC., DOES NOT COMPENSATE ANY DIRECTORS AND OFFICERS. ALL

DIRECTORS SERVE ON THE ORGANIZATION'S BOARD WITHOUT COMPENSATION. ALL PART

II, IS PAID BY A RELATED ORGANIZATION OF THE IOCC FOUNDATION, INC., ITS

RELATED ORGANIZATION'S METHODOLOGY OF DETERMINING COMPENSATION. THIS

ORGANIZATIONS, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

COMPENSATION SHOWN IN PART VII OF THE FORM 990, AND SCHEDULE J, PAGE 2,

INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES, INC. THE FOUNDATION RELIES ON

METHODOLOGY INCLUDES A COMPENSATION COMMITTEE, THE FORM 990 OF OTHER

COMPENSATION COMMITTEE.

SCHEDULE O	Supplemental Information to Form 990 or 990-	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization			identification number 31936
	IOCC FOUNDATION, INCORPORATED	00-11	31930
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CONVEYANCES, DEEDS	, BEQUESTS, AND DEVICES OF MONEY AND PROPERTY, AND		
USING THE NET INCO	ME FOR THE ABOVE STATED PURPOSES, IN SUPPORT OF THE		
WORK OF AND FOR TH	E BENEFIT OF IOCC.		
FORM 990, PART VI,	SECTION A, LINE 7A:		
THE CLASS OF TRUST	EES UP FOR ELECTIONS, OTHER THAN THE CHAIRPERSON AND		
TREASURER OF THE I	OCC, INC., ARE ELECTED BY THE BOARD OF IOCC, INC. AT THE		
FALL MEETING.			
FORM 990, PART VI,	SECTION A, LINE 7B:		
ANY ELECTED TRUSTE	E OF IOCC FOUNDATION MAY BE REMOVED FROM THE BOARD OF		
TRUSTEES AT ANY TI	ME, WITH OR WITHOUT CAUSE, BY A TWO-THIRDS (2/3) VOTE OF		
THE BOARD OF TRUST	EES OF IOCC, INC. ADDITIONALLY, THE BYLAWS MAY BE		
ALTERED, REPEALED,	OR AMENDED IN WHOLE OR IN PART BY A TWO-THIRDS (2/3)		
VOTE OF THE BOARD	OF TRUSTEES, WITH AT LEAST SEVENTY-FIVE PERFECT OF THE		
TRUSTEES PRESENT A	ND RATIFIED BY A MAJORITY OF THE BOARD OF DIRECTORS OF		
IOCC, INC.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 WILL	BE REVIEWED IN DETAIL BY THE CFAO AND HQ FINANCE		
DEPARTMENT AND THE	N SENT TO THE BOARD FOR THEIR VIEWING.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
EACH BOARD MEMBER	IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY		
STATEMENT. WE REQU	EST AN UPDATE AT EACH (SEMI-ANNUAL) BOARD MEETING,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

ELATED TO ANY NEW CONFLICTS THAT MAY NOW BE APPLICABLE. IF A BOARD MEMBER	
AS A CHANGE THEY WILL BE REQUIRED TO COMPLETE A NEW DISCLOSURE CHECKLIST.	
ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
A, FL, IL, IN, MD, MI, MN, NJ, NY, OH, PA, TX, WA, CO, GA, MO, NC, TN, VA, WI	
DRM 990, PART VI, SECTION C, LINE 19:	
HE GOVERNING DOCUMENTS, CONFLICT OF INTEREST DOCUMENTS, AND FINANCIAL	
TATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF	
ISCLOSURE AS SET FORTH IN SECTION 6104(D). THE FINANCIAL STATEMENTS ARE	
SSUED WITH THE IOCC FOUNDATION ANNUAL REPORT.	

Schedule O (Form 990) 2023

IOCC FOUNDATION, INCORPORATED

Name of the organization

Page **2** 

Employer identification number

86-1131936

(Form 9	990)
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SCHEDULE R

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-1131936

Department of the Treasury Internal Revenue Service Name of the organization

IOCC FOUNDATION, INCORPORATED

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES,							
INC 25-1679348, 110 WEST ROAD, SUITE 360,							
BALTIMORE, MD 21204-2365	HUMANITARIAN AID	DELAWARE	501(C)(3)	LINE 7	N/A		x
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

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

		-	( 1)	()	(6)	()			(1)	(1)																	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)																	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	ing ownership																
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10																
	-																										
	_																										
					l																						
	-																										
	-																										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) rolled tity?	
		country)						Yes	No	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		x
	Gift, grant, or capital contribution to related organization(s)	1b	х	
с	Gift, grant, or capital contribution from related organization(s)	1c		x
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		x
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
<u>(2)</u>				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
(6)				

# Schedule R (Form 990) 2023 IOCC FOUNDATION, INCORPORATED

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

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

(a) Name, address, and EIN	(b) Primary activity	(c)	(d) Predominant income	(e) Are all partners se 501(c)(3 orgs.?	(f) c. Share of	<b>(g)</b> Share of	(h) Dispropor- tionate	(i) Code V-UBI	(j) General c	(k)
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3 orgs.?	total income	end-of-year assets	tionate allocations Yes No	of Schedule K-1	managing partner? Yes NO	ownership
	-									
	-									
	-									
	-									
										<u> </u>

Schedule R (Form 990) 2023

# Schedule R (Form 990) 2023 IOCC F Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

14

Department of the Treasury Internal Revenue Service

. . . . .... ..

Form 990-T (corporation)

Form 1041-A

## File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

entification					
Name of exempt organization, employer, or other filer, see instructions.			Taxpayer identification number (TIN)		
IOCC FOUNDATION, INCORPORATED	86-1131936				
Number, street, and room or suite no. If a P.O. box, so 110 WEST ROAD, 360	ee instruct	ions.			
City, town or post office, state, and ZIP code. For a for BALTIMORE, MD 21204	oreign addi	ress, see instructions.			
Return Code for the return that this application is for (file	e a separat	e application for each return)		0 1	
Application Is For		Application Is For		Return	
	Code			Code	
or Form 990-EZ	01	Form 4720 (other than individual)		09	
m 4720 (individual) 03 Form 5227				10	
PF	04 Form 6069				
90-T (sec. 401(a) or 408(a) trust) 05 Form 8870				12	
T (trust other than above)	06	Form 5330 (individual)		13	
	Name of exempt organization, employer, or other filer IOCC FOUNDATION, INCORPORATED Number, street, and room or suite no. If a P.O. box, so 110 WEST ROAD, 360 City, town or post office, state, and ZIP code. For a for BALTIMORE, MD 21204 Return Code for the return that this application is for (file n Is For or Form 990-EZ (individual) PF T (sec. 401(a) or 408(a) trust)	Name of exempt organization, employer, or other filer, see instru- IOCC FOUNDATION, INCORPORATED         Number, street, and room or suite no. If a P.O. box, see instruct 110 WEST ROAD, 360         City, town or post office, state, and ZIP code. For a foreign addr BALTIMORE, MD 21204         Return Code for the return that this application is for (file a separat n Is For         Return Code         Or Form 990-EZ       01         (individual)       03         OF       04         I (sec. 401(a) or 408(a) trust)       05	Name of exempt organization, employer, or other filer, see instructions.         IOCC FOUNDATION, INCORPORATED         Number, street, and room or suite no. If a P.O. box, see instructions.         110 WEST ROAD, 360         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         BALTIMORE, MD 21204         Return Code for the return that this application is for (file a separate application for each return)         In Is For         PF         Otimited (individual)         OF         Form 408(a) trust)	Name of exempt organization, employer, or other filer, see instructions.       Taxpayer identification number         IOCC FOUNDATION, INCORPORATED       86-1131936         Number, street, and room or suite no. If a P.O. box, see instructions.       10         110 WEST ROAD, 360       60         City, town or post office, state, and ZIP code. For a foreign address, see instructions.       86-1131936         BALTIMORE, MD 21204       21204         Return Code for the return that this application is for (file a separate application for each return)       Application Is For         n Is For       Return       Application Is For         or Form 990-EZ       01       Form 4720 (other than individual)         I (individual)       03       Form 5227         OF       04       Form 6069         To (sec. 401(a) or 408(a) trust)       05       Form 8870	

 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

07

08

Form 5330 (other than individual)

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name					
Plan Number					
Plan Year Ending (MM/DD/YYYY)					
Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)					
The books are in the care of TAMARA D. SEGALL					
110 WEST ROAD, 360 - BALTIMORE, MD 21204					
Telephone No.         (410)         243-9820         Fax No.					
• If the organization does not have an office or place of business in the United States, check this box					
<ul> <li>If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)</li> </ul>	. If this is fo	this is for the whole group, check this			
box If it is for part of the group, check this box and attach a list with the names a	nd TINs of all memb	ers the e>	tension is for.		
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24	, to file the exer	the exempt organization return for			
the organization named above. The extension is for the organization's return for:					
X calendar year 20 23 or					
tax year beginning , 20 , and ending			, 20		
2 If the tax year entered in line 1 is for less than 12 months, check reason:	Final retu	n			
Change in accounting period		1			
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					
any nonrefundable credits. See instructions.	За	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.		
For Drivaov Act and Banorwork Reduction Act Notice, soo instructions		For	m 9969 (Pov 1 2024)		