

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2010**

**Open to Public Inspection**

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

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

**B** Check it applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: CHRISTIAN CATHOLIC CENTER OF KAKINADA INDIA INC  
 Doing Business As:  
 Number and street (or P.O. box if mail is not delivered to street address): 2861 LOCKSLEY ROAD  
 Room/suite:  
 City or town, state or country, and ZIP + 4: MELBOURNE, FL 32935

**D** Employer identification number: 36-3388950  
**E** Telephone number: (321) 942-0898  
**G** Gross receipts \$ 964,701

**F** Name and address of principal officer:  
 MARTA FIOL  
 2861 LOCKSLEY RD  
 MELBOURNE, FL 32935

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  1947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1986 **M** State of legal domicile: FL

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: See Statement			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 75% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
		<b>Prior Year</b>	<b>Current Year</b>
8	Contributions and grants (Part VIII, line 1h)	528,997	770,638
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7a)	-4,304	521
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	524,693	771,159
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,400	365,100
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,440	6,968
18	Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	5,840	372,068
19	Revenue less expenses—Subtract line 18 from line 12	518,853	399,091
		<b>Beginning of Current Year</b>	<b>End of Year</b>
20	Total assets (Part X, line 16)	712,665	1,224,573
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances—Subtract line 21 from line 20	712,665	1,224,573

**Part II Signature Block**

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

**Sign Here** Signature of officer: MARTA FIOL, DIRECTOR

**Paid Preparer Use Only**  
 Print/Type preparer's name: DEBORAH CHAPMAN  
 Preparer's signature: DEBORAH CHAPMAN  
 Date:  
 Firm's name: BOOKS QUICK INC  
 Firm's address: 1873 GLENWOOD ST NE, PALM BAY, FL

**THIS IS A COPY OF A LIVE DATA RETURN**

May the IRS discuss this return with the preparer shown above? (see instructions)

SCANNED DEC 20 2013 At number 3 Governance

COPY

100919243

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting. Includes handwritten stamps: 'Received EOGA SEP 19 2013 IRS Ogden, Utah' and 'RECEIVED DEC 16 2013 FAS I IRS OGDEN, UTAH'.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Name of the organization

Christian Cancer Center of Kakinada India, Inc.

Employer identification number

36-3388950

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

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

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Rows 1-17 and summary rows 3a-3c.

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

Schedule F (Form 990) 2010

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ...   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	Hospital Assist	365,100.	wired funds	0.	N/A	N/A
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1  
 3 Enter total number of other organizations or entities .....

18665252366 From Carolyn J. Shott

2013-09-19 14:16:12 (GMT)

Page 6 of 16

09/19/2013 9:29AM (GMT-05:00)

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

**Part IV Foreign Forms**

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

BAA

TEEA3505 10/27/10

Schedule F (Form 990) 2010

**Part V** Supplemental Information

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

Area with horizontal dashed lines for supplemental information entry.