Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MARTHA COAKLEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/JAN/2013 **to** 31/DEC/2013

Attorney General's Account #: 046409

Federal ID #: 20-5848874

When did the organization first engage in charitable work in Massachusetts? 21/JAN/2007

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application **OR** date of determination letter: 13/MAR/2007

IRS Exemption under 501(c): 03

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

Check all items attached *(if applicable)*

- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Probate Account
- ☒ Copy of IRS Return
- ☐ Audited Financial Statements/Review
- ☒ Filing Fee
- ☐ Amended Articles/ By-Laws

Organization Data

Name: Orthodox Fellowship of All Saints of China, Incorporated

Mailing Address: 54 Candia St

City: Arlington State: MA Zip: 02474

Phone Number: (857) 829-1569 Fax Number: (763) 431-0511

Email: mitrophan@orthodox.cn Website: http://www.orthodox.cn/ofasc/index_en.html

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	57
Type of Organization (Table 2)	24	Organization Purpose Code 2	58

Please check box if final return prior to dissolution: ☐

Office Use Only: **Payment Received**

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 08/NOV/2006

2. Where was the organization created? Natick, Massachusetts

3. What is the form of organization? *(check one)*

Corporation	☒	Testamentary Trust	☐
Unincorporated Association	☐	Inter Vivos Trust	☐

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	$2,088.00
B.	Gross support and revenue	$3,458.00
C.	Program services and similar amounts paid out	$7,637.00
D.	Fundraising expenses	$0.00
E.	Management and general expenses	$0.00
F.	Payments to affiliates	$0.00
G.	Total expenses	$7,865.00
H.	Net assets or fund balances at the end of the year	$224.00

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	none				
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	none		
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone number)*:

Bank	Address	Phone Number
LeaderBank	180 Massachusetts Ave. Arlington MA 02474	(781) 646-3900
ING Direct	P.O. Box 60 St. Cloud, MN 56302-0060	(888) 464-0727
PayPal, Inc	2211 N First St San Jose, CA 95131	(402) 935-2050

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *specify)*: _____

11. If organization's mailing address os a P.O. Box, list the organization's full street address:

Address: n/a

City: _____ State: _____ Zip Code: _____

12. Contact Person Name: n/a

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☒ Yes ☐ No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming and exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	☒
an organization which: (a) does not raise more than $5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [*The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.*]	☐

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/ affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No
If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization *was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?
If yes, please attach an explanation. ☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☒ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☒ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?	☐ Yes	☒ No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachment, is true and correct to the best of my knowledge.

Signature:  Date: 01 JULY 2014

Printed Name: Nelson Mitrophan Chin

Title: President & Clerk

Name of Preparer: n/a

Address

City State Zip Code

Phone Number

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	☐	Via the Internet	☒
Door-to-door	☐	Raffle, beano, bingo or gaming event	☐
Entertainment event	☐	Sale of goods other than by telephone	☒
Telemarketing without sale of goods or ads	☐	Individual Mailings	☒
Telemarketing with sale of goods	☐	Corporate solicitations	☒
Telemarketing with sale of ads	☐	Grant Proposals	☒

☐ Other *specify)*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	☐	Own employees	☐
Professional fundraising counsel*	☐	Volunteers	☒
Commercial co-venturer*	☐		

* Provide applicable names and addresses:

Professional Solicitor Name: n/a

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: n/a

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: n/a

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: Nelson Mitrophan Chin, President
Address 54 Candia St
City Arlington State MA Zip Code 02474

Name and Title: Heather Theodora Blom, Treasurer
Address 1090 Pleasant Way
City Ashland State OR Zip Code 97520

Name and Title: n/a
Address
City State Zip Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: Nelson Mitrophan Chin, President
Address 54 Candia St
City Arlington State MA Zip Code 02474

Name and Title: Heather Theodora Blom, Treasurer
Address 1090 Pleasant Way
City Ashland State OR Zip Code 97520

Name and Title: n/a
Address
City State Zip Code

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	☐	Via the Internet	☒
Door-to-door	☐	Raffle, beano, bingo or gaming event	☐
Entertainment event	☐	Sale of goods other than by telephone	☒
Telemarketing without sale of goods or ads	☐	Individual Mailings	☒
Telemarketing with sale of goods	☐	Corporate solicitations	☒
Telemarketing with sale of ads	☐	Grant Proposals	☒

☐ Other *specify)*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	☐	Own employees	☐
Professional fundraising counsel*	☐	Volunteers	☒
Commercial co-venturer*	☐		

* Provide applicable names and addresses:

Professional Solicitor Name: n/a

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: n/a

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: n/a

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: Nelson Mitrophan Chin, President
Address 54 Candia St
City Arlington State MA Zip Code 02474

Name and Title: Heather Theodora Blom, Treasurer
Address 1090 Pleasant Way
City Ashland State OR Zip Code 97520

Name and Title: N/A
Address N/A
City N/A State N/A Zip Code N/A

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: Nelson Mitrophan Chin, President
Address 54 Candia St
City Arlington State MA Zip Code 02474

Name and Title: Heather Theodora Blom, Treasurer
Address 1090 Pleasant Way
City Ashland State OR Zip Code 97520

Name and Title: N/A
Address N/A
City N/A State N/A Zip Code N/A

Certification by Organization

Two <u>different</u> signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:  Date: 01 JULY 2014

Printed Name: Nelson Mitrophan Chin

Title: President & Clerk

Signature: Heather Blom Date: 07/01/2014

Printed Name: Heather Theodora Blom

Title: Treasurer

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (*If you have more than five Related Organizations, please attach a list.*)

Name: N/A		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: N/A		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: N/A		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: N/A		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: N/A		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: N/A		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name: N/A		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name: N/A		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name: N/A		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name: N/A		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☐ Yes ☒ No

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Line 17 **list of names, titles, and addresses of officers, directors, trustees, and the principal salaried executives of organization.**

Nelson Mitrophan Chin, 54 Candia St Arlington MA 02474-3827 USA	**President & Clerk**
Archpriest Dionisy Pozdnyaev, F20, 28 Grosvenor Court South Horizons, Ap Lei Chau, HONG KONG	**Vice President**
Heather Theodora Blom 1090 Pleasant Way, Ashland OR 97520-3254	**Treasurer**
Peter C. McCarty, 10008 Encino Ave Northridge CA 91325-1403 USA	**Trustee**
Fr. John Whiteford, St Jonah Orthodox Church 2910 Spring Cypress Rd, Spring TX 77388-4635 USA	**Trustee**
Abbot Damascene (Christensen), St Herman of Alaska Brotherhood, P.O. Box 70, Platina CA 96076 USA	**Trustee**
Deacon Peter Choi 842 Sixty-Sixth Avenue West, Vancouver, BC V6P 2R6, CANADA	**Trustee**

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Line 18 **listing names and address for all below:**

Individual(s) authorized to sign checks

Nelson Mitrophan Chin, 54 Candia St
Arlington MA 02474 USA

Heather Theodora Blom
1090 Pleasant Way, Ashland OR 97520-3254

Individual(s) responsible for custody of funds

Nelson Mitrophan Chin, 54 Candia St
Arlington MA 02474 USA

Individual(s) responsible for distribution of funds

Nelson Mitrophan Chin, 54 Candia St
Arlington MA 02474 USA

Individual(s) responsible for fundraising

Nelson Mitrophan Chin, 54 Candia St
Arlington MA 02474 USA

Individual(s) responsible for custody of financial records

Nelson Mitrophan Chin, 54 Candia St
Arlington MA 02474 USA

Heather Theodora Blom
1090 Pleasant Way, Ashland OR 97520-3254