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Form **990-EZ**

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receibts less than \$1,000,000 and total assets
less than \$2.500,000 at the end of the year may use this form

| Depa Inter | artment nal Rev | of the Treasu enue Service | ıry | ► 7 | | | at the end of the yea a copy of this return | | | | requirements | | | Inspection | 1 |
|------------------|---|--|---|---|---------------------|------------------|--|---|------------------|----------|--------------------------------|----------|-------------------|---------------------------------------|--------------------|
| A | A For the 2008 calendar year, or tax year beginning , 2008, and ending , | | | | | | | | | | | | | | |
| B_ | | Check if applicable C Name of organization D | | | | | | | | D E | Employer identification number | | | | |
| Ц | Addres | s change | V JUSE IKS JOKOBA OF AREFA CRAFIER NO 11/ | | | | | 2 | 3-75 | 66091 | | | | | |
| | | change | label or print or | | | | delivered to street a | ddress) | Roo | m/suit | e | - | | number | |
| M | Initial r | | type. See | C/O ST 0 | SEORGE C | HURCH 30 | 2 W MAIN | S ጥ | 1 | | | 1 / | 2021 | 232-6300 | |
| \vdash | Termin | lation led return | Specific Instruc- | | n, state or country | | Z W IHITI | | | | | | | | |
| H | | ation pending | tions. | NEW BRIT | ואד מיז | | | С | ጥ በ6 | 052 | • | | roup E umber | xemption | |
| | | | F01/cV: | | | (a)(1) nanaya | | | | _ | Accounting | | | Cash Ac | crual |
| | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ▶ | | | | | | | | | , , | J 00311 [_] 710 | 0.00. | | | |
| | | | | | | | | | | н | Check - | X If | | ganization is not | |
| ı | Webs | site: ► <u>N</u> | /A | ·-·· | | | | | | ! | required to 990-EZ, or | attach | Sche | dule B (Form 990 | J, |
| <u>1</u> | | ization type | | <u>, , </u> | | 8) ◀ (insert r | | | 527 | <u> </u> | | | | | |
| K | Chec | k ► ∐if | the org | anization is no | ot a section 5 | 509(a)(3) sup | porting organizates to tile a retu | ation ar | nd its gi | ross | receipts are | e norn | nally in | ot more than | |
| _ | | | | | | | | | | | | return | | · · · · · · · · · · · · · · · · · · · | |
| L | inste | ad of Form | o, and 7 1 990-E | Z | aetermine g | ross receipts | ; if \$1,000,000 | or more | e, file F | orm s | 990 | | ► \$ | 66, | 881. |
| Pa | ırt I | Reve | enue, | Expenses, | and Chan | ges in Ne | Assets or F | und E | Baland | ces | (See the | ınstr | uctio | ns for Part I.) | |
| | 1 | | | fts, grants, an | | | | | | | - | | 1 | | |
| | 2 | | | revenue inclu | | nent fees an | d contracts | | | | | | 2 | | 087. |
| | 3 | Members | hip due: | s and assessr | ments | | | | | | | | 3 | 2, | 048. |
| | 4 | Investme | | | | | | | | | | | 4 | 61, | 746. |
| | | | | om sale of ass | | _ | | | 5a | | | | . | | |
| ь | I | | | er basis and s | • | | | | 5 b | | <u> </u> | | | | |
| Ë | ء ا | | | | | • | from In 5a) (att sch | • | | | | . — | 5c | | |
| © ≖⋛₿₩⊱≖≖ | " | | | | | s or Scriedule G |) If any amount is f | _ | iing, cnec | ck nere | | | | | |
| 35 | a | | • | not including \$ | · | | of contributions | 5 | ا ج ا | | | | | | |
| ේ | h | reported on line 1) b Less direct expenses other than fundraising expenses 6b | | | | | | | | | - | | | | |
| F=- | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | | | | | 6c | | | | | | |
| \geq | 7a Gross sales of inventory, less returns and allowances 7a | | | | | | | | | | | | | | |
| NOV | ı | Less cos | | | | | | | 7ь | | | | | | |
| F~. | C | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | 7c | | | | |
| Ī. | 8 Other revenue (describe ► | | | | | | | | |) | 8 | | | | |
| ですると | 9 | Total rev | enue (a | idd lines 1, 2, | 3, 4, 5c, 6c, | 7c, and 8) | | | | | | _ | 9 | 66, | 881. |
| | 10 | Grants ar | nd simil | ar amounts pa | aid (attach so | chedule) | | S | ee L- | -1Q | Stmt | | 10 | | 500. |
| ``} | 11 | Benefits (| oald to | or for member | rs | | | | محت | | | | 11 | | |
| Ø K | 12 | Salaries, | other c | ompensation, | and employe | ee behefits 🖡 | RECEIVE | | į | | | | 12 | | - |
| E N | 13 | Professio | nai rees | s and other pa | ayments to in | aepenaent c | ontractors | | ان. | | | | 13 | | |
| S | 14 | | | , utilities, and | | | | | X | | | | 14 | 12, | 840. |
| S | 15 | | | tions, postage | | ng [87] | OCT 2 0 20 | 10 | S-O | | | | 15 | | 009. |
| | 16 | | | ribe ► <u>See O</u> | | s Statement | | | اڇٰا_ | | | _) _ | 16 | | 368. |
| | 17 | lotal exp | enses | (add lines 10 | through 16) | | CAEN | جوا ا | - | | | | '' - | | 717. |
| А | 18 | | | - | * | L | | | | | | | 18 | 9, | <u> 164.</u> |
| N S E E | 19 | Net asset | s or fur | nd balances a n prior year's | t beginning o | f year (from | line 27, column | (A)) (n | nust agr | ree w | ith end-of- | year | 19 | 1 010 | 130 |
| ŤĘ | 20 | | | n net assets o | | es (attach e | (nlanation) | S | ee L | -20 | Stmt. | | 20 | 1,010, -282, | $\frac{130.}{082}$ |
| S | 21 | | | | | | es 18 through 2 | | | | 20.00 | • | 21 | | 212. |
| Pa | art II | | | | | | mn (B) are \$2,5 | | or mor | re, file | e Form 990 |) inste | | | |
| | | -,- | | | instructions | | | | | |) Beginnin | g of ye | ar | (B) End of ye | ar |
| 22 | | _ | | nvestments | | | | | | | 1,010 | ,130 | . 22 | 737, | 212. |
| 23 | | nd and buil | - | | | | | | | L | | | 23 | | 0. |
| 24 | | ner assets | (describ | be ► | | |) | | | <u></u> | | | . 24 | | 0. |
| 25 | | tal assets | تدام/ مما | | | | | | | <u> </u> | 1,010 | | | 737, | 212. |
| 26 | | tal liabilitie t assets o | • | | 27 of column |) (D) mount = |) | ` | | \vdash | 1 010 | | 26 | 727 | 0. |
| | 146 | assets Of | runa D | aiances (line | 2/ of column | (b) must a | gree with line 21 | <u>, </u> | | 1 | 1,010 | , 13 | . 27 | 131, | 212. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

| Form | 990-EZ (2008) ORDER OF AHEPA | CHAPTER NO 117 | | 23 | -75€ | 66091 Page 2 |
|---------------------|--|--|--|---|--------------|---|
| Par | till Statement of Program Se | rvice Accomplishments | (See the instruction | ons.) | | Expenses |
| What in Description | s the organization's primary exempt purpose? PI ribe what was achieved in carrying out thribe the services provided, the number of | HILANTHROPIC | | | and (| uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional |
| progi | PROVIDE SCHOLARSHIPS FOR | | | | | thers) |
| | CHILDREN | | . | | | |
| | | nis amount includes foreign gra | | <u> </u> | 28 a | 16,500. |
| 29 | SUPPORT GREEK CHURCH ACT | IVITIES AND PROGRA | <u> MS</u> | | | |
| | | | | | | |
| 30 | (Grants \$ 0.) If the | nis amount includes foreign gr | ants, check here | <u> </u> | 29 a | 17,370. |
| 30 | | - - | | | | |
| | | | | | | |
| 24 | | nis amount includes foreign gra | ants, check here | <u> </u> | 30 a | |
| 31 | Other program services (attach schedule (Grants \$) If the | e) <u>nis</u> amount includes foreign gr | ants shock horo | ▶□ | 31 a | |
| 32 | Total program service expenses (add li | | ants, theth here | | 32 | 33,870. |
| Par | | | plovees. (List each or | ne even if not com | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit plan deferred compensa | to is and | (e) Expense account and other allowances |
| JAC | K ISAAC | - | | | _ | |
| | SYLVAN | PRES | | | | |
| | BRITAIN CT 06051 | 2.00 | 0. | | 0. | |
| | ETRIOS LOUKOPOULOS _ / PEQUOT RD | VICE PRES | | | 1 | |
| | INVILLE CT 06062 | 2.00 | 0. | | 0. | |
| | ELLO MOUTOGIANNIS | 2.00 | 0. | | <u> </u> | |
| | WEBSTER COURT | TREASURER | | | | |
| NEW | INGTON CT 06111 | 2.00 | 0. | | 0. | |
| | RICLES MOUSTAKAKIS STREAMSIDE LANE | SECRETARY | | | - | |
| NEW | BRITAIN CT 06052 | 2.00 | 0. | | 0. | |
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| Forn Pa l | 1 990-EZ (2008) ORDER OF AHEPA CHAPTER NO 117 23-756609 1 V Other Information (Note the statement requirement in General Instruction V.) | 91 | F | age 3 |
|---------------------|--|--------------|----------|----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | | ,, |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 33 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | | |
| á | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and | | İ | |
| | proxy tax requirements? | 35 a | | Х |
| | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | ļ | Х |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38 a | | Х |
| ŀ | o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b | , | *** | |
| 39 | 501(c)(7) organizations Enter. | 1 | 1.00 | <u> </u> |
| á | Initiation fees and capital contributions included on line 9 | | | ١,, |
| | Gross receipts, included on line 9, for public use of club facilities | 4 | \ | ľ |
| 40 8 | section 4911 ►, section 4912 ►; section 4955 ► | | | · · |
| ı | 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the | 133. | *** | 300 |
| | year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | 40 ь | ļ | |
| • | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| (| Enter amount of tax on line 40c reimbursed by the organization | 1. | | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax | | | |
| | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► | 40 e | | X |
| | | | | |
| 42 8 | The books are in care of ► HARRY SITILIDES Telephone no ► (860) | 229 | -20 | 78 |
| | Located at ► 111 WEST MAIN ST NEW BRITAIN CT ZIP+4 ► 06051 | | | , |
| | | | | |
| ı | 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)? | 42 b | Yes | No X |
| | If 'Yes,' enter the name of the foreign country: ▶ | - | | |
| | | | | |
| | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. | | | |
| • | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | | X |
| | If 'Yes,' enter the name of the foreign country: ► | | | |
| | | | | |
| 4 3 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | | ▶ □ | |
| 73 | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | | 1 |
| A 4 | Did the example than maintain and demand and 17 12 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | х |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | v |
| BAA | | 45 orm 99 | <u> </u> | (2009) |

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 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 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Title and average (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position ▶ Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 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 Date TREASURER Type or print name and title Preparer's Identifying Number (See instructions) Date Check if self-employed Paid Carrow 10/13/10 X Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 FRANK D. MARROCCO, CPA parer's 142 WEST MAIN STREET Use Only BRITAIN CT 06052 NEW (860)229-7479 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No BAA Form 990-EZ (2008)

| | 34 TUFTS ST | 34 TUFTS ST | | | | |
|---|------------------------------------|----------------|----------------|--------------------|-----------|--|
| | BRISTOL | <u>CT</u> | 06010 | | 2,500. | |
| If property other Description of P Date of Gift | than cash was given, th roperty | e following ad | ditional infor | mation needs to be | provided. | |
| Book Value | | How Boo | ok Value De | termined | | |

How FMV Determined

FMV

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Continued

| Purpose of Paym | nent | EDUCATION SCHOLARSHI | Р | | | | |
|--|--------|--|---------------------------|--------------|--|--|--|
| Class of Activity | | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIP | | Business Person X JOHN GEORGAKOPOULOS 104 O'CONNELL DRIVE | NONE | | | | |
| | | KENSINGTON CT 06037 | | 2,500. | | | |
| If property other Description of Pro Date of Gift | | n cash was given, the following additional in rty | nformation needs to be | provided. | | | |
| Book Value | | How Book Value | Determined | | | | |
| FMV | | How FMV Det | ermined | | | | |
| Purpose of Paym | nent | EDUCATION SCHOLARSHI | Р | | | | |
| Class of Activity | у | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIP | | Business Person X DEMETRIOS KOUKOUVES 76 MEADOW ST | NONE | | | | |
| | — | NEWINGTON CT 06111 | | 2,500. | | | |
| If property other Description of Property Date of Gift Book Value | | n cash was given, the following additional in rty How Book Value | | provided: | | | |
| FMV | | How FMV Determined | | | | | |
| Purpose of Paym | | t EDUCATION SCHOLARSHIPS | | | | | |
| | ,,,,,, | EBOOM TON BONDERNON | | | | | |
| Class of Activit | :у | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIP | | Business Person X CHRISTOS NASIAKOS 47 FOREST HILLS DRIVE FARMINGTON CT 06032 | NONE | 2,500. | | | |
| If property other Description of Pr Date of Gift | | n cash was given, the following additional ii | nformation needs to be | | | | |
| Book Value | | How Book Value Determined | | | | | |
| FMV | | How FMV Determined | | | | | |

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Baid

Continued

| Grants and Simil | lar A | Amounts Paid | | | | | |
|--|-------|--|---------------------------|--------------|--|--|--|
| Purpose of Paym | nent | EDUCATION SCHOLARSHI | PS | | | | |
| Class of Activity | | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIPS | | Business Person X JAMIE VASILIOU 64 SILO RD BRISTOL CT 06010 | NONE | 2,500. | | | |
| If property other Description of Pr Date of Gift | | n cash was given, the following additional in | nformation needs to be | provided. | | | |
| Book Value | | How Book Value | Determined | | | | |
| FMV | | How FMV Det | ermined | | | | |
| Purpose of Paym | nent | EDUCATIONAL SCHOLARS | HIPS | | | | |
| Class of Activit | ty | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIPS | | Business Person X EDWARD SARISLEY | NONE | - | | | |
| | | | | 1,000. | | | |
| If property other Description of Pr Date of Gift | | n cash was given, the following additional introduced in the second control in the secon | nformation needs to be | provided: | | | |
| Book Value | | How Book Value | Determined | | | | |
| FMV — | | How FMV Determined | | | | | |
| Purpose of Payn | nent | EDUCATIONAL SCHOLARS | SHIPS | | | | |
| Class of Activity | | Grantee's Name and Address | Grantee's Relationship | Amount Given | | | |
| SCHOLARSHIP | | Business Person X ALEXANDER GROSSOMANIDES | NONE | - | | | |
| | | | | 500. | | | |
| If property other Description of Po Date of Gift | | n cash was given, the following additional i | nformation needs to be | e provided | | | |
| Book Value | | How Book Value | How Book Value Determined | | | | |
| FMV | | How FMV Determined | | | | | |

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

| Description | Amount |
|---------------------------------------|-----------|
| UNREALIZED LOSS ON FMV OF INVESTMENTS | -282,082. |
| Total | -282,082. |