See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 4/01/08 , and ending 3/31/09

Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ORDER OF AHEPA GROUP RETURN

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1909 Q STREET, NW

Room/suite: 500

City or town, state or country, and ZIP + 4: WASHINGTON DC 20009

D Employer identification number: 52-1795318

E Telephone number: 202-232-6300

G Gross receipts $: 1,453,504

F Name and address of principal officer: ☐ Application pending

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) SEE STMT 1

H(c) Group exemption number ▶ 1466

I Tax-exempt status: ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AHEPA.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMOTE THE GREEK CULTURE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,100
	b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	230,153	171,472
	9 Program service revenue (Part VIII, line 2g)	815,993	833,439
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	414,441	370,400
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,120	-110,626
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,537,707	1,264,685
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,614	183,900
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,350	8,550
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	458,465	478,133
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	957,649	696,932
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,551,078	1,367,515
	19 Revenue less expenses Subtract line 18 from line 12	-13,371	-102,830

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	9,876,682	8,575,395
	21 Total liabilities (Part X, line 26)	1,098,833	957,586
	22 Net assets or fund balances Subtract line 21 from line 20	8,777,849	7,617,809

RECEIVED
JUL 12 2010
IRS
OGDEN, UT

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: Patrice Farish — Date: 6/15/2010

Type or print name and title: PATRICE FARISH Controller

Paid Preparer's Use Only

Preparer's signature	ORIGINAL SIGNED BY BILL ROBINSON, CPA
Date	2/15/10
Check if self-employed ▶	☐ ORIGINAL SIGNED BY
Preparer's identifying number (see instructions)	P00174203
Firm's name (or yours if self-employed), address, and ZIP + 4	JOHNSON ROBINSON, P.L.C. 2571 CHAIN BRIDGE ROAD VIENNA, VA 22181
EIN ▶	54-1209454
Phone no ▶	703-281-0700

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

0425869705
Apr. 27, 2010 LTR 2694C 0 R
52-1795318 200903 67
00016208

ORDER OF AHEPA
GROUP RETURN
1909 Q ST NW STE 500
WASHINGTON DC 20009

ORDER OF AHEPA
GROUP RETURN
1909 Q ST NW STE 500
WASHINGTON DC 20009

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

David Mosadis — 5/17/10

Signature of officer or trustee — Date

Executive Director

Title

0425869705
July 02, 2010 LTR 2694C 0 R
52-1795318 200903 67 0
00021209

ORDER OF AHEPA GROUP RETURN
1909 Q ST NW STE 500
WASHINGTON DC 20009

ORDER OF AHEPA GROUP RETURN
1909 Q ST NW STE 500
WASHINGTON DC 20009

DECLARATION

031959

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Basil Vassiliadis — 7/7/2010

Signature of officer or trustee — Date

Executive Director

Title