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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B 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 CHAPTER #356 CO DAILY & TSAGARIS

D Employer identification number

23-7566335

E Telephone number

(727) 791-1040

F Group Exemption Number

1466

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

Cash

Accrual

Other (specify)

I Website:

N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)

501(c)(8)

(insert no)

4947(a)(1)

527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

\$45,434

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	12,048
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	7,875
	4	Investment income	17,595
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5,643
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
	6a	Gross revenue (not including \$0 of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	33,161
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1,390
	8	Other revenue (describe)	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
Net Assets	14	Occupancy, rent, utilities, and maintenance	15,175
	15	Printing, publications, postage, and shipping	1,139
	16	Other expenses (describe)	6,051
	17	Total expenses (add lines 10 through 16)	23,755
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	9,406
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	336,372
	20	Other changes in net assets or fund balances (attach explanation)	-17,075
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	328,703

Part II Balance Sheets

If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

76,448

22

54,320

23

260,586

24

274,383

337,034

25

328,703

662

26

0

336,372

27

328,703

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>PROMOTE EDUCATION, PHILANTHROPIC ACTIVITIES AND THE GREEK HERITAGE AND TRADITIONS</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 SCHOLARSHIPS FOR GRADUATING HIGH SCHOOL SENIORS, COLLEGE STUDENTS AND STUDENTS OF THE LOCAL ORTHODOX CHURCH GREEK SCHOOL (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	1,390
29 DONATIONS TO LOCAL GREEK CHURCH & VARIOUS CHARITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	425
30 PROMOTE GREEK HERITAGE & CULTURE BY SOCIAL & ATHLETIC ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	34,648
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	36,463

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part VI.)		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	33	No									
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	34	No									
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											
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No									
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b										
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No									
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0									
37a	0											
b	Did the organization file Form 1120-POL for this year?	37b										
38a	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?	38a	No									
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b										
39	501(c)(7) organizations. Enter											
a	Initiation fees and capital contributions included on line 9	39a										
b	Gross receipts, included on line 9, for public use of club facilities	39b										
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____											
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b										
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____											
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____											
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No									
41	List the states with which a copy of this return is filed ▶ _____											
42a	The books are in care of ▶ MATTHEW W WERYNSKI Telephone no ▶ (727) 595-0255 10215 REGAL DRIVE 5 Located at ▶ LARGO, FL ZIP + 4 ▶ 33774											
b	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)? 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 Foreign Bank and Financial Accounts .	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>42b</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	42b		No				
	Yes	No										
42b		No										
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No									
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43										
43												
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>44</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	44		No				
	Yes	No										
44		No										
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.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>45</td><td></td><td>No</td></tr></table>		Yes	No	45		No				
	Yes	No										
45		No										

Part VI

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.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are 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		

Please Sign Here

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.

Signature of officer

2009-12-14

Date

GUS PANTELIDES, PRESIDENT

Type or print name and title

Paid Preparer's Use Only	Preparer's signature: JOHN S TSAGARIS, CPA	Date: 2009-12-14	Check if self-employed: <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4: DAILY & TSAGARIS, PA, CPAs 2555 ENTERPRISE ROAD, SUITE 10 CLEARWATER, FL 337631150			EIN: Phone no: (727) 791-1040

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS**EIN:** 23-7566335

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	asiminia boutzoukas
Donee's Address	2433 BOND AVENUE CLEARWATER, FL 337591204
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-08

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	GREEK ORTHODOX CHURCH OF THE HOLY TRINITY INC
Donee's Address	409 OLD COACHMAN ROAD CLEARWATER, FL 33765
Amount (FMV)	390
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

TY 2008 Other Assets Schedule

Name: ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS

EIN: 23-7566335

Description	Beginning of Year Amount	End of Year Amount
INVESTMENT IN SUPPORT CORPORATION	260,046	273,843
DEPOSIT	540	540

TY 2008 Other Changes in Net Assets Schedule

Name: ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS

EIN: 23-7566335

Description	Amount
DECREASE IN VALUE OF SHORT TERM INVESTMENTS	-17,075

TY 2008 Other Expenses Schedule

Name: ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS

EIN: 23-7566335

Description	Amount
LIABILITY INSURANCE	185
SUPPLIES	309
PLAQUES & PINS	171
CREDIT CARD FEES	72
LICENSES & FEES	55
DISTRICT ASSESSMENTS	720
ACCOUNT FEES	100
PER CAPITA	3,721
DONATIONS	425
TRANSPORTATION	293

TY 2008 Other Liabilities Schedule

Name: ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS

EIN: 23-7566335

Description	Beginning of Year Amount	End of Year Amount
SALES TAX PAYABLE	662	0

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS

EIN: 23-7566335

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 23-7566335
Name: ORDER OF AHEPA CHAPTER #356 CO DAILY &
TSAGARIS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GUS PANTELIDES 611 DRUID RD SUITE 705 CLEARWATER, FL 33756	PRESIDENT 8 00	0	0	0
JOHN TSACRIOS 1644 CLEVELAND ST CLEARWATER, FL 33755	VICE PRESIDENT 8 00	0	0	0
MATTHEW W WERYNSKI 10215 REGAL DRIVE 5 LARGO, FL 33774	TREASURER 8 00	0	0	0
PAUL GIOVANIS 40 CITRUS COURT PALM HARBOR, FL 34683	SECRETARY 8 00	0	0	0