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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

	ΑI	For the 2009 c	a <u>lendar</u>	year, or tax year beginning	, 2009	, and er	nding		·
	В	Check if applicable		C			D E	mployer i	dentification number
		Address change	Please use IRS	PAN-ICARIAN BROTHERHOOD OF N	NEW YORK,	INC		11-35	29125
		Name change	label or print or	87-22 52ND AVENUE	·			elephone	
		nitial return	type	FLUSHING, NY 11373.3938				(718)	592-8980
		Termination	See Specific	·				(110)	372 0300
		Amended return	Instruc- tions.						xemption
	<u> </u>	Application pending					,	lumber	· · · · · · · · · · · · · · · · · · ·
		• Section	501(c)(. must att	3) organızatıons and 4947(a)(1) nonexempt ch ach a completed Schedule A (Form 990 or 990	arıtable trusts I-EZ).		G Accounting meth Other (specify)		Cash Accrual
	. ,	Website: ►]	N/A						ganization is not dule B (Form 990,
		Tax-exempt statu		only one) — X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527	990-EZ, or 990-	PF)	adio B (Form 550,
				panization is not a section 509(a)(3) supporting			roce receipts are por	mallyn	ot more than
		\$25,000 A Fo	rm 990-l	EZ or Form 990 return is not required, but if the	ne organization	n choose	es to file a return, be		
		instead of Fore	n 990-E					▶\$	39,581.
	Pa	rti Rev	enue,	Expenses, and Changes in Net Asse	ts or Fund	Balane	ces (See the ins	tructio	
]	 Contribu 	tions, gi	fts, grants, and similar amounts received				1	12,161.
		2 Program	service	revenue including government fees and conti	racts			2	21,666.
	- 1	3 Members	ship due	es and assessments.				3	5,495.
	İ	4 Investme	ent incoi	me				4	259.
		5a Gross an	nount fr	om sale of assets other than inventory		5 a			
				ner basis and sales expenses		5 b	· · · · · · · · · · · · · · · · · · ·	7	
	R			ale of assets other than inventory (Subtract in 5b from in	5a)			5 c	
	E			ctivities (complete applicable parts of Schedule G) If any		mina, ched	k here		
	REVERU				itributions			i i	
		reported			iti ibations	6 a			
	E	•		enses other than fundraising expenses		6b		-	
				from special events and activities (Subtract line 6b from	lino 6a)	00		6 c	
				•	inie daj	7a		00	
				nventory, less returns and allowances		7b		-	
~	»	b Less co			from line 70)	7.01		7 c	
2010	;		•	loss) from sales of inventory (Subtract line 7b				├	
	'	8 Other reve	,					8	20 501
0		9 Total rev	/enue A	odd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	777	/ -	17.5	9	39,581.
Ø		10 Grants a	ınd sımı	lar amounts paid (attach schedule)	773	See, S	tatement 1	10	4,890.
=	_	11 Benefits	paid to	or for members	S APR	24 4	.010	11	
JOL	E X P	12 Salaries	, other o	compensation, and employee benefits			16.1	12	
\circ	Ē	13 Professi	onal fee	s and other payments to independent contract	tors		Nies ()	13	3,925.
Ш	E N S E	14 Occupar	ncy, rent	t, utilities, and maintenance			, U I	14	12,455.
NNED	E	15 Printing,	publica	itions, postage, and shipping			1 m 1 m 1	15	1,545.
	Ĭ	16 Other expe	nses (des	cribe► See Statement 2)	16	26,340.
SCAR				Add lines 10 through 16	• • • • • • • • • • • • • • • • • • • •			▶ 17	49,155.
Ĭ		18 Excess	or (defic	it) for the year (Subtract line 17 from line 9)				18	-9,574.
	NSET	19 Net asset	ets or fu	nd balances at beginning of year (from line 27 on prior year's return)	7, column (A))	(must a	igree with end-of-yea	19	499,925.
		20 Other ch	ianges i	n net assets or fund balances (attach explana	ition)			20	
	s			nd balances at end of year Combine lines 18				▶ 21	490,351.
	Pa			heets. If Total assets on line 25, column (B		00 or mo	ore, file Form 990 ins	tead of	Form 990-EZ
	<u> </u>	Du i		(See the instructions for Part II.)	, + 1,120010		(A) Beginning of	/ear	(B) End of year
	22	Cash, saving	ns and	•			115,99	6. 22	105,862.
	23						370,95		374,285.
	24	_	_	be► See Statement 3)		12,97		10,204.
	25			bee beacement 5	,		499,92		490,351.
				cribo 🕨	,			0. 26	750,551.
	26			palances(line 27 of column (B) must agree with	/ th line 21\		499,92		490,351.
		Met assets C	n juna l	raiances (inte 27 of column (b) must agree wit	11116 2 1 /		1 477,34	<u> </u>	470,001.

Form 990-EZ (2009) PAN-ICARIAN BRO				<u>-352</u>	.9125 Page 2
Part III 'Statement of Program Ser		(See the instruction	ons.)	(Rea	Expenses
What is the organization's primary exempt purpose? See	e Statement 4	noses. In a clear and co	ncise manner	501(0	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	persons benefited, or other i	relevant information for	each each	4947	(a)(1) trusts, optional
program title. 28 EDUCATE THE COMMUNITY ON	TRADITIONAL CULTU	IRAI. AND SYMBO	LTC SONGS	101 0	thers)
AND DANCES FROM MODERN AN			210 201102 - 1		
7.0.5 20.0.23 -1.0.1 1.2.2	z				
(Grants \$) If th	ıs amount ıncludes foreign gr	ants, check here		28a	6,599.
29 EDUCATIONAL SEMINARS ON S	OCIAL AND LEGAL IS	SUES IN NEW YO	RK AND THE		
UNITED STATES FOR THE PUR	POSE OF IMPROVING	THE KNOWLEDGE	OF THOSE]		
WITHIN THE COMMUNITY.					
<u> </u>	is amount includes foreign gr	ants, check here	<u> </u>	29 a	6,300.
30 <u>See Statement 5</u>					
_	- 		- -		
(Grants \$) If th	s amount includes foreign gr	ants, check here		30 a	2,200.
31 Other program services (attach schedule	See Statement 6	<u> </u>			
(Grants \$) If th	is amount includes foreign gi	rants, check here	▶ 🗌	31 a	1,500.
32 Total program service expenses(add lin		 	<u> </u>	32	16,599.
Part IV List of Officers, Directors	(b) Title and average hours	· · · · · · · · · · · · · · · · · · ·	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
LEFKIE FRADELOS	President			0.	0.
4 WINDSOR TERRACE (APT 6E)	20.00				
WHITE PLAINS, NY 10601 STANLEY KAYAFAS	Vice President	0.		0.	0.
42-08 193TH STREET	vice riesident 20.00			υ.	0.
FLUSHING, NY 11358	20.00				
THOMAS KOCHILAS	Treasurer	0.		0.	0.
41-36 77TH STREET	20.00				
ELMHURST, NY 11364					
MARIA ELEFTHERIOU	Secretary			0.	0.
85-16 BRITTON AVENUE	20.00				
ELMHURST, NY 11373					
					ļ
]			
			-		
	1				
BAA	TEEA0812L (01/30/10	·		Form 990-EZ (2009)

	990 EZ (2009) PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC 11-3529125			age 3
Pai	Other Information (Note the statement requirements in the instrs for Part V.) See State	eme	- 1	7
	Γ	-	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		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	Х	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), buhot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
ä	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35 a		<u>X</u>
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		_X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
t	Did the organization file Form 1120-POL for this year?	37b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
ł	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	OGross receipts, included on line 9, for public use of club facilities. N/A	•		
40 a	s Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		Х
(: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
(All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40-		X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NY	40 e		
	a The organization's			
	books are in care of > PAN-ICARIAN BROTHERHOOD OF NY, Telephone no > (718) Cocated at > 87-22 52ND AVENUE FLUSHING NY			0
		2,22		
١	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> </u>
	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 US?	42c		X
	If 'Yes,' enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	ı	- []	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		N/A
		1	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		. 03	.,,
	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_		Х

	Form 990-EZ (2009)	PAN-ICARIAN	BROTHERHOOD	OF	NEW :	YORK,	IN
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11-3529125

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Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X X Is the organization 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 X b If 'Yes,' was the related organization a section 527 organization? 49b Complete this table for the organization's 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 hours per week devoted to position (d) Contributions to employe benefit plans and deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 Complete this table for the organization's 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 None d Total number of other independent contractors each receiving over \$100,000 Under penalties of true, correct, and perjury, I declare that I omplete Declaration of Aave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here LEFKIE FKADELOS President Date 5/13/10 Preparer's Identifying Number (See instructions) Check if Preparer's **Paid** self-employed signature P00440210 CHARALAMBOS SELEARIS, CPA Pre-Firm's name (or yours if self-employed) address, and ZIP + 4 CHARALAMBOS SELEARIS parer's 30TH AVE STE 405 3501 Ùse EIN (347)641 - 9001Only Phone no ASTORIA, NY 11103-4662 ► X Yes | No May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

PAN	-ICARIAN BROTHE	RHOOD OF NEW	YORK, INC					11-35	29125			
Part	I Reason for Pul	blic Charity Statu	s (All organizations	must o	comple	ete this	part.)) See ı	nstruct	ions		
The o	rganization is not a priv	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, convention	on of churches or asso	ociation of churches des	cribed in	section	170(b)(1	I)(A) (i).					
2	A school described	in section 170(b)(1)(A	\)(ıı). (Attach Schedule E	.)								
3	A hospital or coope	erative hospital service	e organization described	ırsectio	n 170(b)	χ1χΑχιί	1).					
4	A medical research	organization operate	d in conjunction with a h	iospital c	lescribe	d irsecti	on 170((Ь)(1)(А)	(III) Ente	r the hospit	al's	
_	name, city, and sta		*****								ī, . –	
5	170(b)(1)(A)(iv). (C	omplete Part II)	of a college or university					nmentai	unit des	cribed i sec	tion	
6 7	An organization that		governmental unit descri substantial part of its su art II)					t or from	the gen	eral public	descr	ıbed
8			70(b)(1)(A)(vi). (Complete	e Part II.)							
9	from activities relat	ed to its exempt funct	1) more than 33-1/3 % of tions— subject to certain ss taxable income (less implete Part III)	exception	ons, and	l (2) no	more th	ian 33-1 <i>i</i>	/3 % of i	ts support f	rom g	gross
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)(4	1).				
11	more publicly supp	orted organizations d	exclusively for the bene lescribed in section 509(zation and complete line:	a)(1) or	section	509(a)(2	ctions o 2) Se s i	of, or car ection 50	ry out th)9(a)(3).	e purposes Check the	of or box th	ne or nat
	a Type I	b Type II	c 🗌 Type II	I – Fund	tionally	ıntegrat	ed		d 🗌	Type III— (Other	
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in Lorgani	directly zations (by one describe	or more ed in sec	disquali tion 509	fied persor (a)(1) or se	ns oth ction	er
f	, , , ,	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting c	organization	,	
g	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons			
											Yes	No
	(i) a person who	directly or indirectly overning body of the si	controls, either alone or upported organization?	together	with pe	rsons d	escribei	d in (ii) a	and (III)	11g (i)		
		ber of a person desc	• •							11g (ii)		
	• • •	•	n described in (i) or (ii) a	bove?						11g (III)		
h	Provide the following	ng information about t	the supported organization	ons.								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	(i) of	(vi) li organizati (i) organiz U S	on in col	(vii) Amount	of Sup	port
				Yes	No	Yes	No	Yes	No			
	<u></u>		· ·-	1								
				ļ						-		
				1								
				1				ļ		•		
									ļ			
				-	ļ. 	 	-	-		-		
Total												

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Par	t I)					_
Sec	tion A. Public Support					,			_
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								_
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		_						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
	Total. Add lines 1-through 3							 	_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support			<u></u>	· · · · · · · · · · · · · · · · · · ·	r			_
	ndar year (or fiscal year nning ɪn) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								_
11	Total support. Add lines 7 through 10			_					
12	Gross receipts from related activ	rities, etc. (see ins	structions)				12		_
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 50)1(c)(3	3) ▶ []
	tion C. Computation of Pu					Г	<u> </u>		_
	Public support percentage for 20	• •	``	ne 11, column (f).		-	14	<u>%</u>	_
15	Public support percentage from	2008 Schedule A,	Part II, line 14			L	15	%	<u>, </u>
16 a	33-1/3 support test— 2009. If the and stop here. The organization	organization did qualifies as a put	not check the bo olicly supported o	x on line 13, and rganization.	I the line 14 is 33-	1/3 % or mo	re, che	eck this box ► [
b	33-1/3 support test – 2008. If the and stop here. The organization				i, and line 15 is 33	3-1/3% or mo	re, ch	eck this box ►	
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box andstop here	e. Explain in f	Part I∖	/ how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies a	box and top here s a publicly suppo	Explain in forted organiza	Part I\ ation.	/ how the ►	\Box
	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a					
BAA					S	chedule A (F	orm 99	90 or 990-EZ) 20	109

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support									
	ndar year(or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	52,924.	60,180.	58,454.	46,145.	39,322.	257,025.			
2	Gross receipts from	02,321.	00/100.	00, 101.	10,113.		231,023.			
-	admissions, merchandise sold or services performed, or									
	facilities furnished in a activity				:					
	that is related to the organization's tax-exempt									
	purpose						0.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					4,	0.			
5	The value of services or									
	facilities furnished by a governmental unit to the organization without charge						0.			
6	Total. Add lines 1 through 5	52,924.	60,180.	58,454.	46,145.	39,322.	257,025.			
	Amounts included on lines 1,	. = , = = 3,			,					
	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of									
	the amount on line 13 for the year	0.	0.	0.	0.	0.	0.			
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
8	Public support (Subtract line									
	7c from line 6)						257,025.			
Sec	tion B. Total Support			-						
Cale	ndar year(or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6	52,924.	60,180.	58,454.	46,145.	39,322.	257,025.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	received rents, e form								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,477.	3,815.	3,709.	1,316.	259.	11,576.			
С	Add lines 10a and 10b	2,477.	3,815.	3,709.	1,316.	259.	11,576.			
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.			
13	Total support. (add Ins 9 10c, 11, and 12)						268,601.			
14	First five years, If the Form 990 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	a section 501(c)(3)			
	tion C. Computation of Pu									
	Public support percentage for 20	•	• •	e 13, column (f).)		15	95.7%			
	Public support percentage from					16	0.0%			
	tion D. Computation of Inv					1 1	4 2 4			
17	Investment income percentage f	•		-	mn (f))	17	4.3%			
18	Investment income percentage f					18	0.0%			
19 a	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	ie organization did iox and stop here	i not check the bo The organization	x on line 14, an qualifies as a pul	d line 15 is more to blicly supported or	than 33-1/3%, and roanization	d line 17 is not X			
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ie organization did	not check a box	on line 14 or 19a	a, and line 16 is m	ore than 33-1/3%				
20	Private foundation. If the organiz	· ·	=			-				

Schedule A	(Form	1 990 or	990-E	EZ) 20	009	PAI	<u> 1-1</u>	CAR	IAN	BR	OTH	ERH	100D	OF	NEW	VYC	RK,	INC	1:	1-35	291	25		Page 4
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Schedule A (Form 990 or 990-EZ) 2009

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2009	Federal Statements	Page 1
	PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC	11-3529125
Statement 1 Form 990-EZ, Part I, Line 1 Grants and Similar Amoun	0 ts Paid	
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	SAME GOALS FEDERATION OF HELLENIC SOCIETY P.O. BOX 5429 LONG ISLAND CITY, NY 11105 \$	500.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	EDUCATIONAL GOALS SAINT BASIL ACADEMY ROUTE 9 SPUR GARRISON, NY 10524 \$	500.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	MEDICAL RESEARCH RONALD MCDONALD HOUSE 405 EAST 73RD STREET NEW YORK, NY 10021	500.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	EDUCATIONAL GOALS QUEENS COLLEGE 6530 KISSENA BLVD FLUSHING, NY 11358	500.
Class of Activity: Donee's Name: Donee's Address: Cash Amount Given:	SUPPORT OF MEDICAL TREATM KATERINA VROULOS 199-27 34TH AVENUE FLUSHING, NY 11358	2,890.
Statement 2 Form 990-EZ, Part I, Line 1 Other Expenses	6	
Depreciation Educational Dance Exp Educational Seminar E Greek Parade Expenses Office Expenses Safe Deposit Box Telephone Expense	xpense	10,290. 6,599. 6,300. 1,700. 911. 71. 469. 26,340.
Statement 3 Form 990-EZ, Part II, Line 2 Other Assets	24	
Furniture and Fixture Machinery and Equipme		Ending 2,696. 7,508. 10,204.

2009

Federal Statements

Page 2

PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC

11-3529125

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROMOTE, PRESERVE, AND EDUCATE THE COMMUNITY ABOUT THE INTELLECTUAL, MORAL, SOCIAL AND PHYSICAL CULTURE OF THOSE OF ICARIAN AND GREEK-AMERICAN DESCENT AND TO PROMOTE BETTER ACQUINTANCE, UNDERSTANDING, AND FRIENDLY RELATIONSHIP AMONGST ITS MEMBERS AND LOCAL COMMUNITY IN GENERAL. TO IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF OUR IMMEDIATE AND SURROUNDING COMMUNITIES THROUGH PROGRAMS IN THE AREAS OF EDUCATION AND LITERACY ENHANCEMENT. TO ADMINISTER PHILANTHROPIC ENDEAVORS FOR MEDICAL AID, SCHOLARSHIPS, DISASTER RELIEF, AND OTHER CHARITABLE CAUSES.

Statement 5 Form 990-EZ, Part III, Line 30 Statement of Program Service Accomplishments

PARTICIPATION IN CONJUCTION WITH THE FEDERATION OF HELLENIC SOCIETIES OF GREATER NEW YORK, A 501(C) 3 ORGANIZATION, IN SEVERAL ACTIVITIES FOR THE PROMOTION OF HELLENIC CULTURE TO ALL UNITED STATES PEOPLE THROUGH LECTURES AND EDUCATIONAL PAMPHLETS.

Statement 6 Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
PROVIDE FINANCIAL SUPPORT TO EDUCATIONAL INSTITUTIONS AND TO FURTHER EDUCATIONAL GOALS IN THE COMMUNITY. Includes Foreign Grants: No		1,000.
GRANTS WERE MADE TO 501c(3) ORGANIZATIONS IN ORDER TO SUPPORT THEIR RELIGIOUS, EDUCATIONAL & MEDICAL ACTIVITIES Includes Foreign Grants: No		500.
Total	\$ 0.	\$ 1,500.

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No