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Form **990-EZ**

Short Form

OMB No 1545-1150

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)

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

Α	For the 2009 calend	dar year, or tax year beginning		, 2009, a	nd end			
B_	Check if applicable	C Name of organization					D Employer id	lentification number
Ш	Address change Use	is THE GARA HELENIC	SCHOLARSHI	P FUND			36-73	50342
	Name change labe	or Number and street (or P.O. bo			Roon	n/suite	E Telephone r	
	Initial return type	i			15		(847)	635-1500
	Termination See Spe	cific City or town, state or country,	and 7IP + 4		113		(047)	033-1300
Щ	Amended return Institution	ruc-	and Zir + 4				F Group Ex	emption
	Application pending	DES PLAINES		IL		018	Number	
	• Section 501	c)(3) organizations and 4947(a	(1) nonexempt ch	aritable trusts	(G Accounting r		Cash X Accrual
	must	attach a completed Schedule	4 <i>(Form 990 or 990</i>	1-EZ).		Other (speci		·
						H Check ► L		anization is not
	Website: ► <u>N/A</u>					required to a 990-EZ, or 9	attach Sched	ule B (Form 990,
J	Tax-exempt status (che) ◀ (insert no)	10 11 (2)(1)	527			
K	Check ► if the	organization is not a section 50	9(a)(3) supporting	organization and	its gr	oss receipts are	normally no	t more than
	\$25,000. A Form 99	90-EZ or Form 990 return is not	required, but if the	e organization cho	oses	to file a return, l	oe sure to file	e a complete return
L	Add lines 5b, 6b, a	nd 7b, to line 9 to determine gro	oss receipts; if \$50	0,000 or more, fil	e Forn	n 990		
	instead of Form 996	D-EZ .					►ş	98,365.
Pa	rt I Revenu	e, Expenses, and Chang	es in Net Asse	ts or Fund Ba	alanc	es (See the	instruction	s for Part I.)
		, gifts, grants, and similar amoi					1	16,000.
	2 Program serv	vice revenue including government	ent fees and contra	acts			. 2	
	· ·	dues and assessments					3	
	4 Investment in						4	2,141.
		It from sale of assets other than	inventory	. 1	5a	80,2	17.	
		other basis and sales expenses		·	5 b	83,2		
		om sale of assets other than inventory (no 5a)			5c	-2,999.
R E V		nd activities (complete applicable parts			a chock	here	\neg	2,333.
E	•				y, clicer	incre	ᅛᅵᆝ	
N U		ie (not including \$	or con	tributions	ا ـ م			
Ē	reported on li	•	•		6a			
		expenses other than fundraising			6 b			
	c Net income or (li	6c	<u></u> -					
	7a Gross sales of							
	b Less cost of	goods sold .			7b			
	c Gross profit of	7с						
	8 Other revenue (d	describe ► 1099-MISC OTI	HER INCOME -	- UBS A/C #	349	35) 8	7.
		e. Add lines 1, 2, 3, 4, 5c, 6c, 7					- ▶ 9	15,149.
_	· · · · · · · · · · · · · · · · · · ·	imilar amounts paid (attach sch		OFFE	11/2	n l	. 10	16,000.
		to or for members	edule) .	RECE	1 V C		11	2,9,0001
Ē	•		honofite			الأا	12	
Ŷ	12 Salaries, other	er compensation, and employee fees and other payments to ind	: Deficients	图 JUN 2	1 20	110	13	
E			ependent contract	19 BALLE	A C.	1601	14	-
EXPENSE		ent, utilities, and maintenance	. 4		_			
Š		lications, postage, and shipping	· · · · · · · · · · · · · · · · ·	OGDE	191.1	ገም ···	15	1 000
		describe See Other Expenses	Statement		17, 1	<u> </u>). 16	1,020.
		es. Add lines 10 through 16	<u> </u>				▶ 17	17,020.
	18 Excess or (de	eficit) for the year (Subtract line	17 from line 9)				18	<u>-1,871.</u>
<u> </u>	19 Net assets or	fund balances at beginning of	vear (from line 27.	column (A)) (mu	st agre	ee with end-of-v	ear	
	figure reporte	ed on prior year's return)	,		-	•	. 19	124,588.
	20 Other change	es in net assets or fund balance	s (attach explanati	on)			20	
≈ s		fund balances at end of year.					▶ 21	122,717.
ீ P₂		e Sheets. If Total assets on li			r more	, file Form 990	instead of Fo	orm 990-EZ.
<u> </u>	7 2 3 3 3	(See the instructions for				(A) Beginning		(B) End of year
= 22	Cash, savings, a				ı		588. 22	122,717.
-			••••	• •	l		0.23	0.
Ш 24		_	•	`			0. 24	0.
岁 #			·	, .	}	124	588. 25	122,717.
$\frac{25}{2}$		dosaribo >		,		124	0. 26	0.
	Total liabilities ((D) must access	_/ th line 21)		124	588. 27	122,717.
		nd balances (line 27 of column				124,	300.[2/]	
ਯ⊅ BA	A For Privacy Act	and Paperwork Reduction Act			ıs.			Form 990-EZ (2009
			TEEA0812 01	/30/10				
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								<i>J</i> •

Par	Part III Statement of Program Service Accomplishments (See the instructions.) Expenses									
What	is the organization's primary exempt purpose? SE	(Regi	uired for section c)(3) and (4) nizations and section							
Desc desc prog	is the organization's primary exempt purpose? Seribe what, was achieved in carrying out the ribe the services provided, the number of ram title	organ 4947 for of	nizations and section (a)(1) trusts; optional thers.)							
28	THE ESTABLISHMENT OF AN									
	ARE AWARDED TO STUDENTS	OF GREEK DESENT SE	EKING POST-							
	SECONDARY EDUCATION.									
	(Grants \$ 16,000.) If the	nis amount includes foreign gr	ants, check here	▶ □	28 a	16,000.				
29										
	(Grants \$) If th	<u>-</u>	29 a							
30										
			'							
	<u> </u>	nis amount includes foreign gra	ants, check here		30 a					
31	Other program services (attach schedule (Grants \$) If the	e) his amount includes foreign gra	ante chack here		31 a					
32	Total program service expenses (add III		ants, check here	<u> </u>	32	16,000.				
	t IV List of Officers, Directors		nlovees. List each on	e even if not com						
<u> </u>	t iv Elst of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(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				
	METRIOS ANGELOPOULOS									
	N. 465 VIRGINIA	TRUSTEE			_					
	MHURTST IL 60126	1.00	0.		0.	0.				
	<u> J. BAHRAMIS</u>	4 _								
	50 S. RIVER RD, STE 17	TRUSTEE			_					
	S PLAINES IL 60018	1.00	0.		0.	0.				
	DMAS_C DIAMOND	4								
	OO S. MANNHEIM RD	TRUSTEE			_					
	S PLAINES IL 60018	1.00	0.		0.	0.				
	<u>LAN_T. WHITLOCK</u>	_								
	<u>) S. RIVERSIDE PLAZA, STE 660</u>	≓l								
CH:	ICAGO IL 60606	1.00	0.		0.	0.				
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	•									

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Form 990-EZ (2009) THE GARA HELENIC SCHOLARSHIP FUND

Га	Other information (Note the statement requirements in the insus for hart v.)		Yes	No
			163	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		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 why the organization did not report the income on Form 990-T.			
;	a 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		x
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
١	Did the organization file Form 1120-POL for this year?	37 b		<u> </u>
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w ere any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations Enter	-	*	
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		,	
40	section 4911 ►			
	b 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	40 ь		х
•	c 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			
	d Section 501(c)(3) and 501(c)(4) organizations 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	40 e	 	
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed Illinois	40e	l	
٠,	List the states with which a copy of this feturn is med.			
42	a The organization's books are in care of ► GUS J. BAHRAMIS Located at ► 1645 S. RIVER RD, SUITE 17 Located at ► 1645 S. RIVER RD, SUITE 17 Located at ► 1645 S. RIVER RD, SUITE 17 Located at ► 1645 S. RIVER RD, SUITE 17	635	<u>-15</u> 0	00
			Vac	No
	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	72.5		-
			1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42 c		 X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
	Tres, enter the name of the loreign country			
			. —	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•	- [_]	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x
45	510/h/(322 K N1			
	Form 990 must be completed instead of Form 990-EZ	45		<u> </u>

BAA

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-E	Z (2009) THE GARA HELENIC SC			<u>36-7350</u>	
Part VI	Section 501(c)(3) organization: 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitab	t charitable trusts onl le trusts must answer	y. All section questions
for pu 47 Did th 48 Is the 49 a Did th b If 'Yes 50 Complempto	ne organization engage in direct or indirect oblic office? If 'Yes,' complete Schedule Companization engage in lobbying activition organization a school as described in section organization make any transfers to an electron organization as ection of the stable for the organization's five howes) who each received more than \$100,000	t political campaign act, Part I es? If 'Yes,' complete S ction 170(b)(1)(A)(ii)? If exempt non-charitable r 527 organization? highest compensated en 0,000 of compensation f (b) Title and average hours per week	ivities on behalf of or its chedule C, Part II . f 'Yes,' complete Sche elated organization?	dule E fficers, directors, trustees a lf there is none, enter 'Non (d) Contributions to employee benefit plans and	46 X 47 X 48 X 49a X 49b X 49b Conditions on the second second and second and second s
	more than \$100,000	devoted to position		deferred compensation	other allowances
NONE					
51 Comp	number of other employees paid over \$10 elete this table for the organization's five hensation from the organization of there is	nighest compensated in none, enter 'None.'		who each received more the	nan \$100,000 of (c) Compensation
NONE					
d Total	number of other independent contractors	each receiving over \$1	00,000 .		
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (Signature of officer Type or print name and title.	other than officer) is based on	ompanying schedules and sta all information of which preparation	tements, and to the best of my know arer has any knowledge 5/7/10 Date	wledge and belief, it is
Paid Pre- parer's Use Only	Preparer's signature GUS J. BAHRAMIS Firm's name (or yours if self-employed), address, and ZIP + 4 DES PLAINES	& CO, P.C.	Date 05/07/1 IL 60018-	.0 self- employed >	parer's Identifying Number e instructions)

► Yes No Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

OMB No 1545 0047

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

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

Open to Public

Employer identification number 36-7350342 THE GARA HELENIC SCHOLARSHIP FUND Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 Х in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(aX4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III- Other Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (i) Name of Supported (iı) EIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of Support organization in col (described on lines 1-9 above or IRC section (see instructions)) Organization organization in col (i) listed in your governing document? (i) organized in the U.S? your support? Yes No Yes No Yes No

THE GARA HELENIC SCHOLARSHIP FUND Schedule A (Form 990 or 990-EZ) 2009 36-7350342 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'). 18,715 0 25,000 14,000 16,000. 73,715. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 14,000. 16,000. 0. 25,000 73,715. 18,715 Total. Add lines 1-through 3 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 73,715. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 73,715. 14,000 16,000 18,715. 0. 25,000. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 7,043 5,230 7,141 4,848 2,148. 26,410. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 100,125. through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 73.62% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) . . . 14 15 70.40% Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box ► X and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ... 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

Schedule A (Form 990 or 990-EZ) 2009 THE GARA HELENIC SCHOLARSHIP FUND 36-7350342 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I.)			<u></u>	
Sec	tion A. Public Support						
Caler	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.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
ð	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line						,
	7c from line 6.)				-		
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	\	(2) 2111	_/			
-	Gross income from interest,						
,,,,	dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
14	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here	•	d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶∏
	Public support percentage for 200			13 column (ft)		15	%
15				; is, column (i))		. 16	
<u>16</u>	Public support percentage from 2			·· —		. 10	70
	tion D. Computation of Inv				an (f))	17	
17	Investment income percentage for				···· (1 <i>))</i>	18	
18 19 a	Investment income percentage fr $33-1/3$ support tests -2009 . If the	ne organization die	i not check the bo	x on line 14, and	d line 15 is more th	nan 33-1/3%, and lin	
	more than 33-1/3%, check this be 33-1/3 support tests – 2008. If the	ox and stop here. ne organization die	The organization I not check a box	qualifies as a put on line 14 or 19a	olicly supported or , and line 16 is mo	ganization ore than 33-1/3%, ar	
20	is not more than 33-1/3%, check						►H

Schedule A	(Form 990 c	or 990-E	EZ) 2009	THE	GARA	HELE	NIC	SCHOL	ARSHI	P FUND	36-7350342	Page 4
Part IV	Supplem	ental	Informa	tion. C	omple	te this	part	to prov	ride the	explana	36-7350342 tions required by Part I onal information. See in	l, line 10;
	Part II, lır	ne 17a	or 17b	; and F	Part III,	line 1	2. Pı	ovide a	any oth	er addıtio	onal information. See in	structions.
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BAA

Schedule A (Form 990 or 990-EZ) 2009