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PANARCADIAN 11/15/2010 12 40 PM Form **990** 1

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 2009

Open to Public Inspection

Α	For the 200	9 calend	ar year, or tax year beginning 07/01/09, and ending 06,	/30/1	0		
	Check if applica					D Employ	er identification number
	Address change	e use	PAN ARCADIAN FEDERATION OF A	MERICA	A		
\exists	_	labe	Or			36-2	2073953
닉	Name change	prin typ	. • • • • • • • • • • • • • • • • • • •		Room/suite		ne number
\square	Initial return	Se			104	L Tolophio	
	Termination	Spe	offic Observed and a state of the state of t			G Gross receip	179,415
П	Amended return	n Insti				O Gloss receip	
H		<u> </u>	ame and address of principal officer			H(a) Isthisa	aroun return for
Ш	Application pen	rung I	JOHN KARALEKAS			affiliates	
		- 1	380 N YORK RD STE 104			H(b) Are all a	ffiliates 🗂 .
		- 1	ELMHURST IL 60126				attach a list (see instructions)
_	Tax-exempt		X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527			1 110, 6	macri a nat (acc manacacia)
<u></u> -	Website >		. PANARCADIAN . ORG			H(c) Group e	xemption number
<u> </u>	Type of organiz			1	Year of formation		State of legal domicile IL
	Part I	Sumr			Tour or tottlidaet		
<u></u>	1		be the organization's mission or most significant activities				
4.		•	nedule O				
ű							
rna							
Activities & Governance	2 Che	ck this bo	x ▶ ☐ If the organization discontinued its operations or disposed of mo	re than 25	% of its net assi	ete	
ŏ	3 Num		ting members of the governing body (Part VI, line 1a)	ic man zc	70 01 113 1101 433	3	
oō y	4 Num		dependent voting members of the governing body (Part VI, line 1b)			4	
iţi	5 Tota		of employees (Part V, line 2a)			5	_
Ę	6 Tota		of volunteers (estimate if necessary)			6	20
4	7a Tota		nrelated business revenue from Part VIII, column (C) rine-12 - 12 / - 12			7a	46,429
			business taxable income from Form 990-T, Ine 34 HECEIVED)		7b	45,429
₽	D Net	uniciale			Prior Ye		Current Year
JE Revenue 201	8 Conf	tributions	and grants (Part VIII, line 1h)	RS-OSC	2	1,126	16,937
_ẵ	9 Prog		rice revenue (Part VIII, line 2g)		4	8,086	13,484
\ <u>}</u>	10 Inve	- estment in	come (Part VIII, column (A), lines 3, 4, and 7¢)			6,775	403
تقر	11 Othe		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and e DEN II	Γ	9	7,032	46,429
2	12 Tota		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17	3,019	77,253
_	13 Gran		milar amounts paid (Part IX, column (A), lines 1–3)				
Senses VED	14 Bene	efits paid	to or for members (Part IX, column (A), line 4)				
20	15 Sala	aries, othe	er compensation, employee benefits (Part IX, column (A), lines 5–10)			8,155	7,740
Se	16a Prof	essional	fundraising fees (Part IX, column (A), line 11e)				
			sing expenses (Part IX, column (D), line 25) ▶		. 1		1
ďΔ	1		es (Part IX, column (A), lines 11a-11d, 11f-24f)		1	9,111	52,315
	18 Tota	al expens	es Add lines 13–17 (must equal Part IX, column (A), line 25)		2	7,266	60,055
	,	-	expenses Subtract line 18 from line 12		14	5,753	17,198
i or	Ses				Beginning of Cu		End of Year
Net Assets or	20 Tota	al assets	Part X, line 16)			7,660	483,738
A Y	21 Tota	al liabilitie	s (Part X, line 26)			8,120	7,000
		assets or	fund balances Subtract line 21 from line 20		45	9,540	476,738
<u></u> F	Part II	Signa	ture Block				
		Under p	enalties of perjury, I declare that I have examined this return, including accompanying s	chedules a	nd statements, and	to the best of	my knowledge
		and bell	ef it strue correct, and complete Declaration of preparer (other than officer) is based	on all infori	mation or which pre	parer has any	knowledge
	gn		hadle tollow			<u>"//5</u>	110
He	ere		nature of officer			Date	- / A
		_	GEORGE GRITSONIS			11-15	70
		Тур	e or print name and title				1
D-	این	Prepare	r's	Date	Check self-	ıf	Preparer's identifying number (see instructions)
	id	signatur		11/1	5/10 employ	/ed ▶ L	331-76-2115
	eparer's	Firm's n	SSFG Tax And Business Servi	ces I	LC	EIN ▶	26-2962877
US	se Only	1	20 N State St Ste 606			Phone	
		address	and ZIP+4 Chicago, IL 60602-3680			no 🕨	312-346-9760
Ma	y the IRS di	iscuss th	s return with the preparer shown above? (see instructions)				Yes No
		ct and P	aperwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)
DΑ	A.					6.	13 5
						. J ~	

DAA

			6-2073953	Page 2
	cribe the organization's mission	ervice Accomplishments		
	edule 0			
	anızatıon undertake any sıgnıfic ırm 990 or 990-EZ?	ant program services during the year which were	e not listed on	Yes X No
	scribe these new services on Sc	chedule O		i les 🔼 No
3 Did the organizers?	anization cease conducting, or r	make significant changes in how it conducts, any	program	
	scribe these changes on Sched	ule O		Yes X No
4 Describe th	e exempt purpose achievement	s for each of the organization's three largest pro		
		ons and section 4947(a)(1) trusts are required to nd revenue, if any, for each program service rep		
			<u>.</u>	
4a (Code) (Expenses \$	48,448 including grants of \$ TED TO PROMOTING THE PR) (Revenue \$)
		LS OF HELLENISM, THE PRI		
		ORTHODOX CHURCH AND THE		
ARCADIA INSTITU		ERICAN PHILANTHROPIC & I	EDUCATIONAL	
11101110				
		·		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
•	, , ,		, , , , , , , , , , , , , , , , , , , ,	,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progr	ram services (Describe in Sche	dule O)		
(Expenses		including grants of \$) (Revenue \$)
4e Total progr	ram service expenses >	48,448		- 000
				Form 990 (2009)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ies	NO
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	İ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		x +	
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			â
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		Î	, , ,
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		- 38	į,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		¥, \$,	Ť
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		217%	,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X		~**!
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ <u>.</u>	
	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
12A		0	î,	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ł		l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		İ	l
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X
		For	- ฯฯก	ronnas

Form 990 (2009) PAN ARCADIAN FEDERATION OF AMERICA 36-2073953 Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2009)

35

36

37

X

X

X

36

37

38

Schedule R. Part V. line 2

organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of) `		
	U.S. Information Returns Enter -0- if not applicable	1a	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments to vendors and reportable payments.	ortable	4-		v
2a	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W. 3. Transmittal of Wago and Tax		1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	<u> </u>	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	5'	20		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by			
	this return?	-,	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ithority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other final	ncial			
	account)?		4a		X
b	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 Bar	ank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ding	_		
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		x
b	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions	e or	6a		A
	gifts were not tax deductible?	3 Or	6b		l
7	Organizations that may receive deductible contributions under section 170(c).		,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1 1	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	┨,ू,	·	62 ₃₀₀ ,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	rsonal			*'///
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	Ct /	7f		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C.	20	7g	 -	
"	required?	uu	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		18	,	***
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- 82	K.	7 / Ž
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1	, 56	× 1	· , Æ.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		٠.	, / 📆
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		٠,	· ,.
11	Section 501(c)(12) organizations. Enter	l I	. 4	25	· *
a	Gross income from members or shareholders	11a	93	1	-
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445	. 43	<u> </u>	
120	amounts due or received from them) Section 4947(a)(4) non-exempt charitable trusts. Is the executation filing Form 999 in liquid Form (11b		Í	- 4
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417 12b	12a	ı. ži	
<u> </u>	in 103, Chief the amount of tax-exempt interest received of accided during the year	140	1	200	1/ 3%

for a "No" response to line 8a, 8b, or 10b below, describe the cischedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	1a 1b 1a lationship with		Yes	No
1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent	ationship with		Yes	No
b Enter the number of voting members that are independent	ationship with		Yes	No
b Enter the number of voting members that are independent	ationship with			
	ationship with			
	·			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relany other officer, director, trustee, or key employee?	under the direct			X
	maer the alrect	2		
3 Did the organization delegate control over management duties customarily performed by or u supervision of officers, directors or trustees, or key employees to a management company or	other person?			x
4 Did the organization make any significant changes to its organizational documents since the	· · · · · · · · · · · · · · · · · · ·	3		X
5 Did the organization make any significant changes to its organizational documents since the	•	5	-	X
6 Does the organization have members or stockholders?	11 5 455€15 /	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or r	more members	•		<u> </u>
of the governing body?	note members	7a		x
b Are any decisions of the governing body subject to approval by members, stockholders, or of	her persons?	7b	 	X
8 Did the organization contemporaneously document the meetings held or written actions under	•	7.5		
the year by the following	creater during			
a The governing body?		8a	x	
b Each committee with authority to act on behalf of the governing body?		8b	X	\vdash
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	at he reached	US		\vdash
at the organization's mailing address? If "Yes," provide the names and addresses in Schedul		9		x
Section B. Policies (This Section B requests information about policies not			l	
Revenue Code.)	required by the internal			
			Yes	No
Oa Does the organization have local chapters, branches, or affiliates?		10a	1.55	X
b If "Yes," does the organization have written policies and procedures governing the activities of	of such chapters.			
affiliates, and branches to ensure their operations are consistent with those of the organization		10Ь		
Has the organization provided a copy of this Form 990 to all members of its governing body b				\Box
form?		11		X
1a Describe in Schedule O the process, if any, used by the organization to review this Form 990				
2a Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b Are officers, directors or trustees, and key employees required to disclose annually interests	that could give			
rise to conflicts?	•	12b		
c Does the organization regularly and consistently monitor and enforce compliance with the po	licv? If "Yes."			
describe in Schedule O how this is done		12c		
3 Does the organization have a written whistleblower policy?		13		X
4 Does the organization have a written document retention and destruction policy?		14		Х
5 Did the process for determining compensation of the following persons include a review and	approval by			
independent persons, comparability data, and contemporaneous substantiation of the deliber	ration and decision?			
a The organization's CEO, Executive Director, or top management official		15a		X
b Other officers or key employees of the organization		15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement	3		د.
with a taxable entity during the year?		16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization	to evaluate			
its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to safeguard			
the organization's exempt status with respect to such arrangements?		16b		1
Section C. Disclosure				
7 List the states with which a copy of this Form 990 is required to be filed ▶ None				
8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ai	nd 990-T (501(c)(3)s only)			
available for public inspection. Indicate how you make these available. Check all that apply				
Own website Another's website Upon request				

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

880 N York Rd #104

IL 60126

policy, and financial statements available to the public

organization > Pan Arcadian Federation of America

Elmhurst

19

20

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization		nsate	any	curr	ent	office	r, dı	rector, or trustee		
(A) Name and Title	(B) Average	Bos.						(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director		Officer		employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
VASILIS MAHERAS										
GEN SECR		X						0	0	0
TED MESIACOS										
Treasurer				X				0	0	0
DEMETRIOS FILIOS										
PRESIDENT				X				0	0	0
ANDREAS PAPANTONI	OU									
1ST VICE PR				X				0	0	0
ATHANASIA SYRENGE	LAS									
2ND VICE PR	1			X		}		0	0	0
PETER KASMIS		ì						-		
3RD VICE PR	,			X				0	0	0
		-				\vdash	_			
		\perp			_	ļ				

Part VII	(A)	, Directors, Trus (B)			((C)			d Highest Compensated (D)	Employees (continued) (E)	(F)
	Name and Title	Average hours per week	ndıvıdual trustee or director		Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
											<u> </u>
1b Total						<u></u>					
	number of individuals (in able compensation from			_	hose	e list	ed at	ove	e) who received more than S	\$100,000 in	
4 For ar the organization of the service	yee on line 1a? If "Yes," y individual listed on line ganization and related or lual y person listed on line 1 es rendered to the organ	complete Sched e 1a, is the sum or ganizations grea a receive or accr ization? If "Yes,"	ule J of rep iter ti	for sorta	such ble (\$150 ensa	indi comp 0,000	vidua ensa)? If ' from	il ation Yes any	ree, or highest compensation for unrelated organization for such person	rom such	Yes No 3 X 4 X
1 Comp	ensation from the organiz	e highest compe	nsat	ed ir	ndep	ende	ent co	ontra	actors that received more th		
	Name and	(A) business address							Descrip	(B) Non of services	(C) Compensation
						-					
			_				d to t	hos	e listed above) who receive	d	500
more t	han \$100,000 in comper	isation from the	orga	nızal	lion	_					

	rt V	(2009) PAN ARCADIA		FUER	TITON O	F. AM	ERICA	36-207395	<u> </u>	Page 9
ra	il V	III Statement of Reve	nue			Tot	(A) al revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats Its	1a	Federated campaigns	1a							
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b		16,937					
s, ç	С	Fundraising events	1c							1
aif	d	Related organizations	1d							
ξË	е	Government grants (contributions)	1e							
ers	f	All other contributions, gifts, grants,			_					
들됨		and similar amounts not included above	1f							
E D	g	Noncash contributions included in lines 1a-	-1f	\$		_				
	h	Total. Add lines 1a-1f			•		<u>16,937</u>			
ae					Busn Code			<u></u>		
eve!	2a	Program Service Rev	enue				13,484	13,48	4	
ě	b									
<u>ا څ</u>	С									
s	d				<u> </u>		<u> </u>			
Tan	e	A.N 11								
Program Service Revenue		All other program service rever	nue		L	<u>. </u>	12 404		 	
-	<u> </u>	Total. Add lines 2a–2f	dividos	de intere	et and		13,484		-	
	J	Investment income (including of other similar amounts)	ividen	us, ilitere	oi, dilu		403	40:	3	
	4	Income from investment of tax	. avamr	at bond n	rocoods		403	40.	<u> </u>	
	5	Royalties	-exemp	or bond p	loceeus P					
1	Ŭ	(i) Real		(u) I	Personal					
	6a		, 591	(,						8.0
		Less rental exps 102								
			,429	•						,
		Net rental income or (loss)			•		46,429		46,429	
	7a	Gross amount from (i) Securities	s .	(11)) Other			, , , , , , , , , , , , , , , , , ,		. '
		other than inventory	·							
	b	Less cost or other					4		*	, ,
		basis & sales exps					,			
		Gain or (loss)		<u> </u>			er en en en en en en en en en en en en en	<u>*</u>		
		Net gain or (loss)	,							
e l	8a	Gross income from fundraising ever	nts			*	•	,		^ \
Other Revenue		(not including \$,	
Ş.		of contributions reported on line 1c)							,	
ē		See Part IV, line 18	a l							
⇟		Less direct expenses	b	0110.545				·	-	
		Net income or (loss) from fund Gross income from gaming activities	-1	events	P		•	,		
	73	See Part IV, line 19								
	h	Less direct expenses	a b			,		,	,	1971
		Net income or (loss) from gam	~ (ıvıtıes			_		+	
		Gross sales of inventory, less	ا من						10	
		returns and allowances	а							
l	b	Less cost of goods sold	ь			,		2 4 1	-	1
		Net income or (loss) from sales	s of inv	entory						A THE RESERVE AND A STREET AND A STREET AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT A
Ī		Miscellaneous Revenue			Busn. Code	*****	2		1	
-	11a							*		
ļ	b									
ŀ	C									
	d	All other revenue								
	е	Total. Add lines 11a-11d			▶					
	12	Total Revenue. See instructio	ns		<u> </u>		77,253	13,88	7 46,429] 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		Схрепаса	general expenses	expenses :
	organizations in the U.S. See Part IV, line 21				1
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				<u>.</u>
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	6,812		6,812	
8	Pension plan contributions (include section 401(k)	0,012		0,012	
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	928		928	
11	Fees for services (non-employees)	320		320	
	Management				
b	Legal				
С	Accounting	1,075		1,075	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		^ .		
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,139	1,139 3,124		
13	Office expenses	3,649	3,124	525	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	31,158	31,158		
19	Conferences, conventions, and meetings	31,138	31,138		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23	matrante	,	,		
24	Other expenses Itemize expenses not	_			,
	covered above (Expenses grouped together	i,	•	, ,	<u> </u>
	and labeled miscellaneous may not exceed				,
	5% of total expenses shown on line 25 below)		,		`
а	Scholarships	6,000	6,000		
b	Telephone	3,473	1,216	2,257	
С	Charitable Contributions	3,049	3,049		
d	Repairs Computer	1,582	1,582		
е	Equipment Rental	1,030	1,030		
f	All other expenses	160	150	10	
25	Total functional expenses. Add lines 1 through 24f	60,055	48,448	11,607	
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u> </u>			Form 990 (2009)
2/7					rorm 33U (2009)

				(A)		(B)		
				Beginning of year		End of year		
1	Cash—non-interest bearing		Ĺ	149,537	1	197,13		
2	Savings and temporary cash investments			161,285	2	34,21		
3	Pledges and grants receivable, net		<u> </u>		3			
4	Accounts receivable, net		Ĺ		4			
5	Receivables from current and former officers, directors, tr	rustees, key						
	employees, and highest compensated employees. Comp	lete Part II of						
	Schedule L	L		5				
6	Receivables from other disqualified persons (as defined to	1						
	4958(f)(1)) and persons described in section 4958(c)(3)(8	3) Complete						
	Part II of Schedule L				6			
7	Notes and loans receivable, net				7			
7 8	Inventories for sale or use		Γ	·-· - ·	8			
9	Prepaid expenses and deferred charges		Γ		9			
10a	Land, buildings, and equipment cost or		Γ					
	other basis Complete Part VI of Schedule D	10a	517,985					
Ь	Less accumulated depreciation	10b	265,595	266,838	10c	252,39		
11	Investments—publicly traded securities		·····		11			
12	Investments—other securities See Part IV, line 11				12	· · · · · · · · · · · · · · · · ·		
13	Investments—program-related See Part IV, line 11				13			
14	Intangible assets	 	14					
15	Other assets See Part IV, line 11	15						
16	Total assets. Add lines 1 through 15 (must equal line 34)	١	<u> </u>	577,660		483,73		
17	Accounts payable and accrued expenses				17			
18	Grants payable		ŀ		18			
19	Deferred revenue							
20	Tax-exempt bond liabilities		}	- -	19 20			
	Escrow or custodial account liability Complete Part IV of	Schedule D	<u> </u>		21			
22	Payables to current and former officers, directors, trustee		 -		7)	· *		
	employees, highest compensated employees, and disqua	=		* * *	rs 🔏	. Sa Mar Paradigra		
21 22	persons Complete Part II of Schedule L	2111100	-		22			
23	Secured mortgages and notes payable to unrelated third	narties	}		23			
24	Unsecured notes and loans payable to unrelated third pa	•	}	110,998	24			
25	Other liabilities Complete Part X of Schedule D	THOS	ŀ	7,122	25	7,00		
26	Total liabilities. Add lines 17 through 25		ŀ	118,120	26	7,00		
	Organizations that follow SFAS 117, check here ▶ X	and		9a J. (20 (s) (j),	1,700		
3	complete lines 27 through 29, and lines 33 and 34.	ganu			, .x.a			
27 28 29	Unrestricted net assets		^	459,540	27	476,73		
28	Temporarily restricted net assets		}		28	410,13		
29	Permanently restricted net assets		<u>}</u>		28			
29	•	·	<u>.</u>	, .	29	/ ** *, ****		
:	Organizations that do not follow SFAS 117, check her		İ		,			
20	and complete lines 30 through 34.		ŕ			<u> </u>		
30	Capital stock or trust principal, or current funds	french	}		30	····································		
31	Paid-in or capital surplus, or land, building, or equipment		}		31			
32	Retained earnings, endowment, accumulated income, or	otner tunds	-	450 E40	32	A76 70		
30 31 32 33 34	Total net assets or fund balances			459,540		476,73		
34	Total liabilities and net assets/fund balances			<u>577,660</u>	34	483,7		

Form **990** (2009)

orm	990 (2009) PA	N ARCADIAN	FEDERA	ON OF	AMERICA	36-2073953		Pa	ge 12
Pa	rt XI Finar	ncial Statement	s and Repo	rting					<u> </u>
								Yes	No
1	Accounting method	od used to prepare t	he Form 990	X Cash	Accrual	Other			
	If the organization	n changed its metho	d of accounting	from a prior y	ear or checked "Otl	ner," explain in			ľĺ
	Schedule O								
2a	Were the organiz	zation's financial stat	ements compile	d or reviewed	by an independent	accountant?	2a		X
b	Were the organiz	zation's financial stat	ements audited	by an indeper	ndent accountant?		2b		X
С	If "Yes" to line 2a	or 2b, does the orga	anization have a	committee th	at assumes respon	sibility for oversight of			
	the audit, review	, or compilation of its	s financial stater	nents and sel	ection of an indepe	ndent accountant?	2c		
	If the organization	n changed either its	oversight proces	ss or selection	n process during the	e tax year, explain in			
	Schedule O				-				
d	If "Yes" to line 2a	or 2b, check a box	below to indicate	whether the	financial statement	s for the year were			
	issued on a cons	olidated basis, sepa	rate basis, or bo	th					
	Separate bas	sis 🗌 Consolida	ted basis	Both consolid	dated and separate	basis			
За	As a result of a fe	ederal award, was th	e organization r	equired to und	dergo an audit or ai	udits as set forth in			
	the Single Audit A	Act and OMB Circula	ar A-133?				3a		1
b	If "Yes," did the o	rganization undergo	the required au	dit or audits?	If the organization	did not undergo the			
	required audit or	audits, explain why	in Schedule O a	nd describe a	ny steps taken to u	ndergo such audits	3b		
					·		For	n 990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions

2009
Open:to Public Inspection

Name of the organization Employer identification number PAN ARCADIAN FEDERATION OF AMERICA 36-2073953 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>Sche</u>		AN FEDERATION			36-20				Pa	age 2
Pa	art III Organizations Maintaining						ssets ((contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	ck any of the followin	g that are	a significar	nt use of its	<u>-</u> .			
а	Public exhibition	d 🗌 Loan	or exchange program	me						
b	Scholarly research	e Othe		113						
c	Preservation for future generations	e 🗌 Othe	'				_			
4	Provide a description of the organization's colle	ections and explain how	they further the organ	nization's e	xempt pur	pose in				
5	During the year, did the organization solicit or re	eceive donations of art	historical treasures	or other sin	nilar					
-	assets to be sold to raise funds rather than to b	e maintained as part of	the organization's co	llection?		(C) (1) (P)		Ye		No
10	ert IV Escrow and Custodial Arra			ation an	swered	"Yes" to F	orm 9	90, Pai	πt	
	IV, line 9, or reported an am									
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or oth	er assets r	ot				_	1
	included on Form 990, Part X?							∐ Ye	s 📗	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Forr	m 990, Part X, line 21?					<u></u>	Ye		No
	If "Yes," explain the arrangement in Part XIV	,,						۰۰ س	-	, 140
	art V : Endowment Funds. Comple	ete if organization a	answered "Yes"	to Form	990. Pa	rt IV. line	10			
		(a) Current year	(b) Prior year	T	ears back	(d) Three yes		(e) Four	vears	back
1a	Beginning of year balance		(, ,	(, ,		(-) ,		(-),	,	
b	Contributions			**			* **	5 · '		
	Net investment earnings, gains,					"				<u>```</u>
·	and losses							4		ķ.
				9.35°, 4.	<i>u</i> ,		, 72,	5 °		
	Grants or scholarships					30 X 1	* 1	\$ ', s @	3/4/ 3	
е	Other expenditures for facilities				~```	***		•		°,
	and programs					*,		7.0.1	, ,	
f	Administrative expenses			186	* *	· · · · · · · · · · · · · · · · · · ·		- 43	K, ·	486
g	End of year balance	LL			,	, ř.	12.		<u> </u>	*62
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possessi	on of the organization th	nat are held and adm	inistered fo	r the					
	organization by	_							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sch	edule R2					3b		
4	Describe in Part XIV the intended uses of the o	•						35		
	art VI Investments—Land, Buildir			n Part	C line 10	<u> </u>				
	Description of investment	(a) Cost or other basis	(b) Cost or ot			umulated	- ₁	(d) Book	ualua	
	Description of investment	(investment)	basis (other		٠.	eciation		(u) BOOK	value	
	l and	(mixeauticity)			uepit		+		: 1	- 00
	Land		51	,588					1,!	<u> </u>
	Buildings									
	Leasehold improvements	·								
	Equipment									
	Other			,397		265,59	5		00,8	
Tota	 Add lines 1a through 1e (Column (d) must equ 	ial Form 990, Part X, col	umn (B), line 10(c))			•	•	25	52,3	390

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 PAN ARCADIAN FEDERAT		36-2073953	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	3
Financial derivatives			
Closely-held equity interests			
Other	_		
			<u> </u>
	_		
		<u> </u>	
	_		
	_		
	-		
	_		
	000 Dart V Ivaa 40		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	_
		Cost or end-oi-year market value	3
			
			•
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, line 15	·		
(a) Description	,	(b) Bo	ook value
(a) cood page		(5) 55	
			
	··		
			
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line	25		
1 (a) Description of liability	(b) Amount	· · · · · · · · · · · · · · · · · · ·	
Federal income taxes			
SECURITY DEPOSITS	7,000		·*
PAYROLL LIABILITIES			
		San San San San San San San San San San	
			,
		•	· · ·
		•	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 7,000		
2 FIN 49 Feetnets In Part VIV provide the text of the feetnets to the arr	anization's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 PAN ARCADIAN FEDERATION OF AM				Page 4		
Pa	rt XI: Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial State	ments			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	9 Total adjustments (net) Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
1	Total revenue, gains, and other support per audited financial statements			1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			, .			
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e			
3	Subtract line 2e from line 1			3	· · · · · · · · · · · · · · · · · · ·		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]		>			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV)	4b		7 - 1			
С	Add lines 4a and 4b			4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5			
$\overline{}$	rt XIII 2 Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses per		 n		
1	Total expenses and losses per audited financial statements		- Apolloco por	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b		j.,			
c	Other losses	2c					
d	Other (Describe in Part XIV)	2d		1 4			
e	Add lines 2a through 2d		l <u> </u>	2e			
3	Subtract line 2e from line 1			3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	[1-5-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		1			
	Add lines 4a and 4b	_ 45		4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5			
Pa	rt XIV Supplemental Information			1 3 1			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	as 1a a	nd 4 Part IV lines 1h				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line						
	art to provide any additional information	C3 2U A	nd 40 Also complete				
tino p	art to provide any additional information						
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SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Internal Revenue Service

Name of the organization

Department of the Treasury

PAN ARCADIAN FEDERATION OF AMERICA

Employer identification number 36-2073953

Form 990 - Organization's Mission or Most Significant Activities

AN ORGANIZATION DEDICATED TO PROMOTING THE PRINCIPLES OF DEMOCRACY AND THE

IDEALS OF HELLENISM, THE PRESERVATION OF THE GREEK LANGUAGE AND ORTHODOX

CHURCH AND THE SUPPORT OF ARCADIAN & ARCADIAN-AMERICAN PHILANTHROPIC &

EDUCATIONAL INSTITUTIONS.

Form 990, Part I, Line 6

Help maintain operational activities for the organization.

Form 990, Part III, Line 4d - All Other Achievements

AN ORGANIZATION DEDICATED TO PROMOTING THE PRINCIPLES OF

DEMOCRACY AND THE IDEALS OF HELLENISM, THE PRESERVATION OF

THE GREEK LANGUAGE AND ORTHODOX CHURCH AND THE SUPPORT OF

ARCADIAN & ARCADIAN-AMERICAN PHILANTHROPIC & EDUCATIONAL

INSTITUTIONS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public