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Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Α	For th	he 2010 calendar year, or tax year beginning , 2010, and ending			<u> </u>
<u>B_</u>	Check (ıf applicable C	Dε	mployer ı	dentification number
	Addres	s change PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC	:	11-35	29125
	Name o	change 87-22 52ND AVENUE	Ет	elephone	number
	Initial r	return FLUSHING, NY 11373.3938		(718)	592-8980
=	Termin				
Ħ		led return ation pending		iroup E: lumber	xemption >
G	Accou	unting Method X Cash Accrual Other (specify) ►	I Check ►	X if the	e organization is not
ı	Webs	site: N/A	required to	attach	Schedule B (Form
		xempt status (ck only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	990, 990-E	Z, or 99	90-PF)
K	Checl	k ► If the organization is not a section 509(a)(3) supporting organization and its gross re	eceipts are no	rmally	not more than
	\$50,0	000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	be required (see ins	tructions) But if the
	-	nization chooses to file a return, be sure to file a complete return			
L	Add I asset	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or n ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	nore, or if tota 90-EZ	al ►\$	27,871.
Pa	rt I_	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See	the instruc	ctions	_
		Check if the organization used Schedule O to respond to any question in this Part I		, ,	X
	1	Contributions, gifts, grants, and similar amounts received		1	2,588.
	2	Program service revenue including government fees and contracts		2	18,169.
	3	Membership dues and assessments		3	6,323.
	4	Investment income		4	791.
R	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less cost or other basis and sales expenses 5b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	Gaming and fundraising events			
		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
٧.	b	-Gress-income_from-fundraising events (not including \$ of contributi	ions	1	
N	Ŕ				
-238 mczm <mz< th=""><td></td><td>rom, undivising events reported on line 1) (attach Schedule G if the sum of such-gross-income and contributions exceeds \$15,000)</td><td></td><td>. I</td><td></td></mz<>		rom, undivising events reported on line 1) (attach Schedule G if the sum of such-gross-income and contributions exceeds \$15,000)		. I	
138	ç	Less: direct expense from gaming and fundraising events 6c]	
1-	l A	MAY % % 2011 1971 White process of the state of the sta			
Ē		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	/7 ₇₀	Gross ales di hientori, less returns and allowances 7a 7b		. I	
, 	ab	Less cost of goods soid 7b			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
	8	Other revenue (describe in Schedule O)		8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	27,871.
	10	Grants and similar amounts paid (list in Schedule O)		10	3,300.
	11	Benefits paid to or for members		11	
Ę	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1,935.
JUN OF OF THE	14	Occupancy, rent, utilities, and maintenance		14	16,378.
€ 5	15	Printing, publications, postage, and shipping		15	2,486.
S.	16	Other expenses (describe in Schedule O) See Schedu	le O	16	19,467.
\Box	17	Total expenses. Add lines 10 through 16	•	17	43,566.
		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15,695.
	10	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree will	th and of yes	,[]	
N⊅S E7S	19	figure reported on prior year's return).	iii eiiu-ui-yea	19	490,351.
ASSSET S	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
نځs	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	- 21	474,656.

Form 990-EZ (2010)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

ВАА	TEEA0812L 0	12/18/11	·	Form 990-EZ (2010)

	n 990-EZ (2010) PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC 11-352912			age 3
Pai	Other Information (Note the statement requirements in the instructions for Part V.) See Sci Check if the organization used Schedule O to respond to any question in this Part V	nedul		X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		х
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, explain in Schedule 0 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a 35b		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)? 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 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36		X
ı	b Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/P	7		1
	Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 N/A			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	-		
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
İ	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		X
•	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 shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42	a The organization's books are in care of ► PAN-ICARIAN BROTHERHOOD OF NY, Located at ► 87-22 52ND AVENUE FLUSHING NY ZIP + 4 ► 11373			<u> </u>
I	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b	Yes	No X
ı	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country	42c		
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		► <u> </u>	N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	Yes	No X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
BAA	TEEA0812L 02/18/11 Fo	orm 990)-EZ	(2010)

45 Is	any related organization a controlled entity	of the organization with	in the meanin	g of section 512	(b)(13)?	45	X
a D 0	old the organization receive any payment from f section 512(b)(13)? If 'Yes,' Form 990 and the section 512(b)(13).	n or engage in any tran Schedule R may need t	saction with a o be complete	controlled entity ed instead of For	within the meaning within the with	(i) 45a	Elan Market X
	old the organization engage, directly or indirect andidates for public office? If 'Yes,' complete					海 6	X X
	V底 Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete th	and section 4947(tion 4947(a)(1) nor te tables for lines 5	a)(1) nonex nexempt ch 0 and 51.	cempt charita aritable trusts	ble trusts only	. All sec	tion
	Check if the organization used Schedul	e O to respond to any o	uestion in thi	s Part VI			Van I Na
48 Is 49 a D b If 50 C	old the organization engage in lobbying activity the organization a school as described in second the organization make any transfers to an 'Yes,' was the related organization a section complete this table for the organization's five mployees) who each received more than \$10	ection 170(b)(1)(A)(ii)? exempt non-charitable i 527 organization? highest compensated e	If 'Yes,' comp related organ mployees (oth	lete Schedule E ization? her than officers,	directors, trustee:	47 48 49a 49b	Yes No X X X
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compen	sation (d) Conti	ributions to employee nefit plans and red compensation	(e) Exp accoun other allo	t and
None							
5 1 C	otal number of other employees paid over \$1 complete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contributions	highest compensated in s none, enter 'None.'	ndependent co	1	ach received more	than \$100	
None							
52 D	otal number of other independent contractors of the organization complete Schedule 4.2 No haritable trusts must attach a completed Sch	ote All section 501(c)(3	·	► ns and 4947(a)(1) nonexempt	► X Yes	□No
Under pe	enalties of perjury, I declare that I have examined the return rect, and complete, Declaration of hepara (other in a	, including accompanying scheoor) is based on all information of	lules and statemer	nts, and to the best of as any knowledge	my knowledge and belie	f, it is	
	Signature of officer	<u> </u>		Date	5/11/2011		
Sign Here	EVANGELOS KAROUTSOS Type or print name and title			Pres	ident		
Paid Prepar Use Or		EARIS, CPA PLLC	LEARIS	5/1 1 /11		044021(7-2034	
		03-4662	·		Phone no (347	952-4	
	e IRS discuss this return with the preparer sh	nown above? See instru	ctions			►X Yes	No
BAA						Form 990	-EZ (2010)

11-3529125

Page 4
Yes No

Form 990-EZ (2010) PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 11-3529125 PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts X q from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross 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(a)(4). 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 — Functionally integrated d l Type III - Other 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 509(a)(2) 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) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11g (ii) 11g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the organization in column (i) (iii) Type of organization (described on lines 1-9 above or IRC section (IV) Is the (v) Did you notify the organization in (vii) Amount of support (i) Name of supported (ii) EIN organization in column (i) listed in organization column (i) of your support? your governing document? organized in the (see instructions)) No Yes No Yes No Yes (A) (C) (D)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				-						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge										
4	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).										
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support						,				
	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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	a section 501(c)	(3)				
	tion C. Computation of Pu						1				
	Public support percentage for 20	-	• • •	ne 11, column (f))	14	%				
15	, 3		•			15	<u> %</u>				
16 a	a 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	nd the line 14 is 3	3-1/3% or more,	check this box				
t	b 33-1/3% support test – 2009. 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										
17 a	17a 10%-facts-and-circumstances test — 2010. 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.										
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	s box and stop he s a publicly suppor	re. Explain in Par rted organization	t IV how the ►				
	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a							
BAA			Schedule A (Form 990 or 990-EZ) 2010								

Part III · Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			-							
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions										
	and membership fees received (Do not include										
_	any 'unusual grants ')	60,180.	58,454.	46,145.	39,322.	27,080.	231,181.				
2	Gross receipts from admissions, merchandise sold or										
	services performed, or facilities										
	furnished in any 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 The value of services or						0.				
5	facilities furnished by a										
	governmental unit to the						1				
_	organization without charge	60 100		46 145	20 222	27.000	0.				
	Total. Add lines 1 through 5	60,180.	58,454.	46,145.	39,322.	27,080.	231,181.				
/ 2	Amounts included on lines 1, 2, and 3 received from										
	disqualified persons	0.	0.	0.	0.	0.	0.				
t	Amounts included on lines 2						1				
	and 3 received from other than disqualified persons that										
	exceed the greater of \$5,000 or										
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.				
,	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.				
8	Public support (Subtract line	· .	<u>_</u>			<u> </u>	<u>~ · · ·</u>				
	7c from line 6)						231,181.				
Sec	tion B. Total Support						,				
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
9	Amounts from line 6	60,180.	58,454.	46,145.	39,322.	27,080.	231,181.				
10 a	Gross income from interest,						f				
	dividends, payments received on securities loans, rents,				1						
	royalties and income from	2 015	2 700	1 216	250	701	0 000				
	sımılar sources Unrelated busıness taxable	3,815.	3,709.	1,316.	259.	791.	9,890.				
•	income (less section 511										
	taxes) from businesses						0.				
,	acquired after June 30, 1975 Add lines 10a and 10b	3,815.	3,709.	1,316.	259.	791.	9,890.				
	Net income from unrelated business	3,013.	3,703.	1,310.	233.	,,,,,	3,030.				
•	activities not included in line 10b,										
	whether or not the business is regularly carried on						0.				
12	Other income Do not include						<u> </u>				
-	gain or loss from the sale of										
	čapital assets (Explain in Part IV.).						0.				
13	Total support. (Add Ins 9, 10c, 11, and 12)	63,995.	62,163.	47,461.	39,581.	27,871.	241,071.				
14	First five years. If the Form 990	is for the organiza		nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)				
	organization, check this box and	stop here					•				
	Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 95.9 %										
15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))							95.9 %				
	Public support percentage from				 	16	95.7 %				
	tion D. Computation of Inv					1.7	A 1 0				
17	Investment income percentage f	•	• • • • • • • • • • • • • • • • • • • •	•	mn (t))	17	4.1 %				
18	Investment income percentage f					18	4.3 %				
198	a 33-1/3% support tests – 2010. If is not more than 33-1/3%, check	r tne organization this box and sto j	aia not check the here. The organ	pox on line 14, a ization qualifies a	ing line 15 is more is a publicly supp	e tnan 33-1/3%, a orted organizatio	and line 17 n ► X				
	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	f the organization	did not check a band stop here. The	ox on line 14 or li e organization du	ine 19a, and line alifies as a public	16 is more than 3 ly supported orga	33-1/3%, and ► □				
	line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Schedule A	(Form 990 c	or 990-EZ) 2	2010 P <i>P</i>	N-ICAF	RIAN E	ROTHER	RHOOD O	F NEW	YORK,	INC	11-352	9125	Page 4
Part IV	Suppleme Part II, lin (See instr	ental Info le 17a or luctions).	rmation 17b; and	. Complete Part II	ete this I, line	part to 12. Also	provide complet	the exp e this p	planation part for	ns req any ad	uired by Iditional	Part II, line information	e 10;
	`	· · ·									 		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
PAN-ICARIAN BROTHERHOOD OF NEW YORK, INC	11-3529125
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
TO PROMOTE, PRESERVE, AND EDUCATE THE COMMUNITY ABOUT THE INTELL	LECTUAL, MORAL,
SOCIAL_AND_PHYSICAL_CULTURE_OF_THOSE_OF_ICARIAN_AND_GREEK-AMERI	CAN DESCENT AND TO
PROMOTE BETTER ACQUINTANCE, UNDERSTANDING, AND FRIENDLY RELATION	NSHIP AMONGST ITS
MEMBERS AND LOCAL COMMUNITY IN GENERAL TO IMPROVE THE QUALITY O	OF LIFE FOR THE
RESIDENTS OF OUR IMMEDIATE AND SURROUNDING COMMUNITIES THROUGH	PROGRAMS IN THE
AREAS OF EDUCATION AND LITERACY ENHANCEMENT. TO ADMINISTER PHIL	LANTHROPIC ENDEAVORS
FOR MEDICAL AID, SCHOLARSHIPS, DISASTER RELIEF, AND OTHER CHARL	ITABLE CAUSES.
Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments	<u> </u>
PARTICIPATION IN CONJUCTION WITH THE FEDERATION OF HELLENIC SOC	CIETIES OF GREATER
NEW YORK, A 501 (C) 3 ORGANIZATION, IN SEVERAL ACTIVITIES FOR THE	HE PROMOTION OF
HELLENIC CULTURE TO ALL UNITED STATES PEOPLE THROUGH LECTURES A	AND EDUCATIONAL
PAMPHLETS.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	NoNo
(b) Did the organization, during the year, pay premiums, direc	ctly or
indirectly, on a personal benefit contract?	NoNo

2010	Schedule O - Supplemental Informat	ion	Page 2
	• •		
Client 11111111	PAN-ICARIAN BROTHERHOOD OF NEW YORK, I	NC	11-3529125 09:22AM
Form 990-EZ, Part I, Lin Other Expenses	ne 16		
Depreciation Educational Dance I Educational Seminal Greek Parade Expenses Office Expenses Safe Deposit Box Telephone Expense	r Expense	\$ Total \$	10,205. 4,280. 1,000. 1,800. 1,714. 86. 382.
Form 990-EZ, Part II, Lii Other Assets	ne 24		
Furniture and Fixto Machinery and Equip		Beginning \$ 2,696. \$ 7,508. \$ 10,204. \$	Ending 1,988. 5,798. 7,786.
Form 990-EZ, Part III, Li Statement of Program S	ine 31 Service Accomplishments		
	Description	Grants	Program Service Expenses
YORK AND THE UNITE	RS ON SOCIAL AND LEGAL ISSUES IN NEW D STATES FOR THE PURPOSE OF IMPROVING HOSE WITHIN THE COMMUNITY. Includes Foreign Grants: No		1,000.
PROVIDE FINANCIAL : TO FURTHER EDUCATION	SUPPORT TO EDUCATIONAL INSTITUTIONS AND ONAL GOALS IN THE COMMUNITY. Includes Foreign Grants: No		500.
	Total	\$ 0. \$	1,500.
