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Form **990-EZ** (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	53,429	22	67,619
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	267,587	24	265,699
25 Total assets	321,016	25	333,318
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	321,016	27	333,318

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
PROMOTE EDUCATION, PHILANTHROPIC ACTIVITIES AND THE GREEK HERITAGE AND TRADITIONS
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SCHOLARSHIPS FOR GRADUATING HIGH SCHOOL SENIORS, COLLEGE STUDENTS AND STUDENTS OF THE LOCAL ORTHODOX CHURCH GREEK SCHOOL (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	5,240
29 DONATIONS TO LOCAL GREEK CHURCH & VARIOUS CHARITIES (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	2,160
30 PROMOTE GREEK HERITAGE & CULTURE BY SOCIAL & ATHLETIC ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	16,188
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐	32	23,588

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☒

			Yes	No
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		No
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 O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 			
b	Section 501(c)(3) and 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	40b		
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	40e		No
41	List the states with which a copy of this return is filed 			
42a	The organization's books are in care of  ALEXANDER P ALEXANDER Telephone no  (727) 596-6848 14333 86TH AVENUE N Located at  SEMINOLE, FL ZIP + 4  33776			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		Yes	No
		42b		No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 			No
		42c		No
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 . . .  43			
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		Yes	No
		44a		No
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			No
		44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			No
		44c		No
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			
		44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

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

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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date			
	ALEXANDER P ALEXANDER TREASURER					
Paid Preparer's Use Only	Preparer's signature	JOHN S TSAGARIS CPA	Date	2011-11-11	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	DAILY & TSAGARIS PA CPA'S 2555 ENTERPRISE ROAD SUITE 10 CLEARWATER, FL 337631150				EIN
						Phone no (727) 791-1040

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

YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ORDER OF AHEPA CHAPTER #356 CO DAILY & TSAGARIS	Employer identification number 23-7566335
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	HARRIS GROWTH FUND 4 UBS GLOBAL ALLOCATION 1,021 PINELLAS COMMUNITY BANK 140 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,165

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ANGELIQUE BOUTZOUKAS DATE OF GIFT 06/28/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME GREEK ORTHODOX CHURCH OF THE HOLY TRINITY INC GRANTEE ADDRESS 409 OLD COACHMAN ROAD CLEARWATER, FL 33765 DATE OF GIFT 05/15/11 AMOUNT GIVEN 400

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME MARIA TRIPODIS DATE OF GIFT 07/27/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CONSTANTINE FOTOPOULOS DATE OF GIFT 10/27/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ASSIMINIA BOUTZOUKAS DATE OF GIFT 07/01/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME VASILIOS KOSTAKIS DATE OF GIFT 09/14/10 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,900

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION SUPPLIES, POSTAGE & PRINTING AMOUNT 412 DESCRIPTION PLAQUES,PINS & WREATHS AMOUNT 117 DESCRIPTION DISTRICT ASSESSMENTS AMOUNT 558 DESCRIPTION ACCOUNT FEES AMOUNT 204 DESCRIPTION PER CAPITA AMOUNT 4,685 DESCRIPTION DONATIONS AMOUNT 2,160 DESCRIPTION STORAGE AMOUNT 906 DESCRIPTION MISCELLANEOUS AMOUNT 76 DESCRIPTION PROFESSIONAL FEES AMOUNT 30 TOTAL TO FORM 990-EZ, LINE 16 9,148

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION INCREASE IN VALUE OF SHORT TERM INVESTMENTS AMOUNT 9,642

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVESTMENT IN SUPPORT CORPORATION BEG OF YEAR AMOUNT 267,587 END OF YEAR AMOUNT 265,699

TY 2010 Transfers Personal Benefits Contracts Declaration

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

EIN: 23-7566335

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GUS PANTELIDES 611 DRUID RD SUITE 705 CLEARWATER, FL 33756	PRESIDENT 8 00	0	0	0
JOHN TSACRIOS 1644 CLEVELAND ST CLEARWATER, FL 33755	VICE PRESIDENT 8 00	0	0	0
ALEXANDER P ALEXANDER 14333 86TH AVENUE N SEMINOLE, FL 33776	TREASURER 8 00	0	0	0
PAUL GIOVANIS 40 CITRUS COURT PALM HARBOR, FL 34683	SECRETARY 8 00	0	0	0