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

OMB No 1545-1150

2011

Open to Public  
Inspection

► 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. 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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

ORDER OF AHEPA CHAPTER #356  
C/O DAILY & TSAGARIS

D Employer identification number

23-7566335

Number and street (or P O box, if mail is not delivered to street address)  
2555 ENTERPRISE ROAD

Room/suite 10

City or town, state or country, and ZIP + 4  
CLEARWATER, FL 33763-1150

E Telephone number  
727-791-1040G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 85,076.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1	Contributions, gifts, grants, and similar amounts received	1	2,900.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	6,200.
4	Investment income	4	54,875.
5a	Gross amount from sale of assets other than inventory	5a	2,500.
b	Less cost or other basis and sales expenses	5b	3,036.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-536.
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	18,601.
c	Less direct expenses from gaming and fundraising events	6c	13,417.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,184.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,623.
10	Grants and similar amounts paid (list in Schedule O)	10	10,600.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	9,502.
17	Total expenses Add lines 10 through 16	17	20,102.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	48,521.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	333,318.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-2,458.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	379,381.

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

Form 990-EZ (2011)

**Part II Balance Sheets. (see the instructions for Part II)**

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	333,318.	22 379,381.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	333,318.	25 379,381.
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)	333,318.	27 379,381.

**Part III. Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
required for section  
1(c)(3) and 501(c)(4)  
organizations and section  
47(a)(1) trusts, optional  
others )

28	SCHOLARSHIPS FOR GRADUATING HIGH SCHOOL SENIORS, COLLEGE STUDENTS AND STUDENTS OF THE LOCAL ORTHODOX CHURCH GREEK SCHOOL		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	10,600.
29	DONATIONS TO LOCAL GREEK CHURCH & VARIOUS CHARITIES		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	1,590.
30	PROMOTE GREEK HERITAGE & CULTURE BY SOCIAL & ATHLETIC ACTIVITIES		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	21,329.
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► 32	33,519.

**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.

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 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 O (see instructions)  34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 X

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 X

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 X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A

39 Section 501(c)(7) organizations Enter  39a N/A

a Initiation fees and capital contributions included on line 9  39b N/A

b Gross receipts, included on line 9, for public use of club facilities  39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  40a N/A, section 4912  40b N/A, section 4955  40c N/A

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  40d N/A

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  40e N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  40f N/A

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  40g N/A

41 List the states with which a copy of this return is filed  41 NONE

42a The organization's books are in care of  42a ALEXANDER P. ALEXANDER Telephone no  42b 727-596-6848  
Located at  42c 14333 86TH AVENUE N, SEMINOLE, FL ZIP + 4  42d 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)?  42e X

If "Yes," enter the name of the foreign country  42f

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of 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  42g

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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a 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  44b X

c Did the organization receive any payments for indoor tanning services during the year?  44c 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  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

45b 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 may need to be completed instead of Form 990-EZ (see instructions)  45b

Form 990-EZ (2011)

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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

Yes	No
46	X

**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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

Yes	No
47	
48	
49a	
49b	

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

48 Is the organization a school as 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?

b 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 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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" N/A

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

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

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

Yes  No  
Date 12-22-12

Sign Here

Signature of officer

STEVE J. TSAGARIS, SECRETARY

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JOHN S TSAGARIS, CPA	Preparer's signature John S. Tsagaris CPA	Date 12/22/12	Check <input type="checkbox"/> if self-employed	PTIN P01231814
	Firm's name ► DAILY & TSAGARIS, PA, CPA'S			Firm's EIN ► 59-2899554	
	Firm's address ► 2555 ENTERPRISE ROAD, SUITE 10 CLEARWATER, FL 33763-1150			Phone no	727-791-1040

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

Yes  No

Form 990-EZ (2011)

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

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Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

## OF AHEPA CHAPTER #356

Name of the organization ORDER OF AHEPA CHAPTER #356  
C/O DAILY & TSAGARIS

Employer identification number  
23-7566335

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

## ORDER OF AHEPA CHAPTER #356

Schedule G (Form 990 or 990-EZ) 2011 C/O DAILY &amp; TSAGARIS

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
		(event type)	(total number)		
Revenue	1 Gross receipts	9,435.			9,435.
	2 Less: Charitable contributions	0.			
	3 Gross income (line 1 minus line 2)	9,435.			9,435.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	0.			
	6 Rent/facility costs	0.			
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,541.			4,541.
	10 Direct expense summary Add lines 4 through 9 in column (d)			►	4,541.
	11 Net income summary Combine line 3, column (d), and line 10			►	4,894.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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Schedule G (Form 990 or 990-EZ) 2011 C/O DAILY & TSAGARIS

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11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13a	%		
13b	%		

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ►

**Address ►** 1000 10th Street, Suite 1000, Washington, DC 20004

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Director/owner       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## Supplemental Information to Form 990 or 990-EZ

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.

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Employer identification number  
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### FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
UBS GLOBAL ALLOCATION	978.
THIRD FEDERAL	275.
USAMERIBANK	70.
USAMERIBANK	1,683.
MORGAN STANLEY SMITH BARNEY	23.
LIQUIDATING DIVIDEND - SUPPORT CORPORATION	51,846.
<b>TOTAL INCLUDED ON FORM 990-EZ, LINE 4</b>	<b>54,875.</b>

### FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

DATE OF GIFT: 09/21/11

AMOUNT GIVEN: 1,000.

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: 05/15/12

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

DATE OF GIFT: 09/10/11

AMOUNT GIVEN: 1,000.

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ACTIVITY CLASSIFICATION: SCHOLARSHIP

DATE OF GIFT: 09/03/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

DATE OF GIFT: 09/21/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

DATE OF GIFT: 09/14/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: ALEXANDRA ALOIZAKIS

GRANTEE ADDRESS: 10124 N. SILVER PALM DRIVE ESTERO, FL 33928

DATE OF GIFT: 09/21/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: NICHOLAS CAROS

GRANTEE ADDRESS: 1804 SPLIT FORK DRIVE OLDSMAR, FL 34677

DATE OF GIFT: 09/26/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: STEPHEN TSAGARIS

**Supplemental Information to Form 990 or 990-EZ**

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GRANTEE ADDRESS: 2376 TERENCE COURT CLEARWATER, FL 337591204

DATE OF GIFT: 07/27/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: VICTORIA GAROS

GRANTEE ADDRESS: 1240 FOREST GROVE BLVD PALM HARBOR, FL 34683

DATE OF GIFT: 07/27/11

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: ELEFTERIA GAROS

GRANTEE ADDRESS: 1240 FOREST GROVE BLVD PALM HARBOR, FL 34683

DATE OF GIFT: 07/27/11

AMOUNT GIVEN:

1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

10,600.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

SUPPLIES, POSTAGE & PRINTING

1,494.

DISTRICT ASSESSMENTS

546.

PER CAPITA

3,133.

DONATIONS

1,590.

STORAGE

1,251.

MISCELLANEOUS

30.

PROFESSIONAL FEES

80.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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MEETING ROOM RENT	750.
MEETING REFRESHMENTS	628.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>9,502.</b>

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
DECREASE IN VALUE OF SHORT TERM INVESTMENTS	-2,458.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTE EDUCATION,  
PHILANTHROPIC ACTIVITIES AND THE GREEK HERITAGE AND TRADITIONS.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**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.**

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions <b>ORDER OF AHEPA CHAPTER #356 C/O DAILY &amp; TSAGARIS</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-7566335
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>2555 ENTERPRISE ROAD, NO. 10</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>CLEARWATER, FL 33763-1150</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

 0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ALEXANDER P. ALEXANDER**

- The books are in the care of ► 14333 86TH AVENUE N – SEMINOLE, FL 33776
- Telephone No. ► 727-596-6848 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year  or  
►  tax year beginning JUL 1, 2011, and ending JUN 30, 2012

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)