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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , and ending																									
B Check if applicable	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">C Name of organization ORDER OF AHEPA CALUMET CHAPTER #157</td> <td style="width:35%;">D Employer identification number 23-7566130</td> </tr> <tr> <td>Address change</td> <td></td> </tr> <tr> <td>Name change</td> <td></td> </tr> <tr> <td>Initial return</td> <td></td> </tr> <tr> <td>Terminated</td> <td></td> </tr> <tr> <td>Amended return</td> <td></td> </tr> <tr> <td>Application pending</td> <td></td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Number and street (or P O box, if mail is not delivered to street address) 528 77TH AVENUE</td> <td style="width:40%;">Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SCHERERVILLE IN 46375</td> </tr> </table> </td> </tr> <tr> <td colspan="2">E Telephone number 219-924-0116</td> </tr> <tr> <td colspan="2">F Group Exemption Number ▶</td> </tr> </table>	C Name of organization ORDER OF AHEPA CALUMET CHAPTER #157	D Employer identification number 23-7566130	Address change		Name change		Initial return		Terminated		Amended return		Application pending		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Number and street (or P O box, if mail is not delivered to street address) 528 77TH AVENUE</td> <td style="width:40%;">Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SCHERERVILLE IN 46375</td> </tr> </table>		Number and street (or P O box, if mail is not delivered to street address) 528 77TH AVENUE	Room/suite	City or town, state or province, country, and ZIP or foreign postal code SCHERERVILLE IN 46375		E Telephone number 219-924-0116		F Group Exemption Number ▶	
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F Group Exemption Number ▶																									
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶																									
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																									
I Website: ▶ N/A																									
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527																									
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other																									
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 1,258,651																									

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		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		3,000
	4 Investment income		8,965
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,219,924
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,762
	c Less direct expenses from gaming and fundraising events	6c	1,243,117
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-10,431
	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	14,000
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	15,534
	10 Grants and similar amounts paid (list in Schedule O)	10	20,083
	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	556
	16 Other expenses (describe in Schedule O)	16	7,082
	17 Total expenses. Add lines 10 through 16 ▶	17	27,721
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,187
	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	208,036
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	195,849

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	208,036	22	205,835
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	208,036	25	205,835
26 Total liabilities (describe in Schedule O)	0	26	9,986
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	208,036	27	195,849

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

7

What is the organization's primary exempt purpose?

COMMUNITY SERVICES & CHARITY GIVING

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

28	ST GEORGE ORTHODOX CHURCH		
	(Grants \$ <u>1,465</u>) If this amount includes foreign grants, check here ☐	28a	<u>1,465</u>
29	SCHOLARSHIP PROGRAM		
	(Grants \$ <u>14,000</u>) If this amount includes foreign grants, check here ☐	29a	<u>14,000</u>
30	PHILANTHROPIC DONATIONS		
	(Grants \$ <u>4,618</u>) If this amount includes foreign grants, check here ☐	30a	<u>4,618</u>
31	Other program services (describe in Schedule O)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a	<u>0</u>
32	Total program service expenses (add lines 28a through 31a)	32	<u>20,083</u>

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

1

[illegible]

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 Schedule O to respond to any question in this Part V ☐

	Yes	No
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		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)		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)?		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		
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
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	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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	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	40e	X
41 List the states with which a copy of this return is filed ☐ IN		
42a The organization's books are in care of ☐ HARRY PSALTIS Telephone no ☐ 219-613-1298		
528 W 77TH AVE		
Located at ☐ SCHERERVILLE IN ZIP + 4 ☐ 46375		
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	X
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 the U S ? If "Yes," enter the name of the foreign country ☐	42c	X
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 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	X

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 only

All section 501(c)(3) organizations 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 ☐

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 title of each employee	(b) 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
NONE				

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"

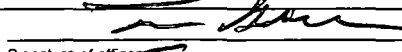
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

▶ ☐ Yes ☒ No

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 5/13/15
	Type or print name and title Tom Cohen	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SPIRO SIDERIS	SPIRO SIDERIS	05/12/15		P00318441
	Firm's name ▶	Firm's EIN ▶			
	MIDWEST ACCOUNTING LLC			20-8008819	
	Firm's address ▶	Phone no			
	7433 INDIANAPOLIS BLVD HAMMOND, IN 46324-2909			219-845-8615	

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

▶ ☐ Yes ☐ No

**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

ORDER OF AHEPA CALUMET CHAPTER #157

Employer identification number

23-7566130**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.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations f ☐ Solicitation of government grants
- c ☐ Phone solicitations g ☒ Special fundraising events
- d ☐ In-person solicitations

2a 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?☐ Yes ☐ No**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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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

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	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	0		22,939	22,939
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	0		22,939	22,939
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	0		10,177	10,177
	10 Direct expense summary Add lines 4 through 9 in column (d)				10,177
	11 Net income summary Subtract line 10 from line 3, column (d)				12,762

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	302,619	876,658	40,647	1,219,924
Direct Expenses	2 Cash prizes	415,815	634,612	30,883	1,081,310
	3 Noncash prizes				
	4 Rent/facility costs	55,450			55,450
	5 Other direct expenses	15,941	78,199	2,040	96,180
	6 Volunteer labor	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				1,232,940
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				-13,016

9 Enter the state(s) in which the organization operates gaming activities **IN**

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

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ TOM GOBER & HARRY PSALTIS
3537 44TH STREET
Address ▶ HIGHLAND

IN 46322

- 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 ▶

16 Gaming manager information

Name ▶ TOM GOBER

Gaming manager compensation ▶ \$

Description of services provided ▶ OVERALL SUPERVISION OF GAMING ACTIVITIES

☒ Director/officer ☐ 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. 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)

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ORDER OF AHEPA CALUMET CHAPTER #157**23-7566130****FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE****DESCRIPTION****AMOUNT****CD ACCOUNT**

\$ 14,000

TOTAL \$ 14,000**FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS****NAME AND ADDRESS****CLASS OF ACTIVITY****DATE OF GIFT****DESC. OF PROPERTY****CASH CONTRIB. NONCASH CONTRIB.****BOOK VALUE****BV EXPL.****FMV EXPL.****SCHOLARSHIP****IN**

\$ 14,000 \$ 0

\$ 0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**DESCRIPTION****AMOUNT****EXPENSES****OFFICE**

\$ 399

MEETING EXPENSE

\$ 733

SUBSCRIPTIONS & DUES

\$ 5,950

TOTAL \$ 7,082**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR END OF YEAR**

Name of the organization

ORDER OF AHEPA CALUMET CHAPTER #157

Employer identification number

23-7566130

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	0	\$	9,986
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