

Form **990-EZ**
 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 private foundations)

▶ **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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 THE ELIOS SOCIETY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 99 SHOTWELL

City or town, state or province, country, and ZIP or foreign postal code
 SAN FRANCISCO, CA 94103

D Employer identification number
 94-3219727

E Telephone number
 (415) 602-1996

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: ▶ <http://elios.org/the-elios-society/>

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (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 ▶ \$ 83,906

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,650
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	79,250
	4	Investment income	4	6
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	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	
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	0	
c	Less direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b	0	
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	83,906	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	18,635
	13	Professional fees and other payments to independent contractors	13	2,360
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	41
	16	Other expenses (describe in Schedule O)	16	48,854
17	Total expenses. Add lines 10 through 16 ▶	17	69,890	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,016
	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	19,577
	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	33,593

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 46 No

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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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. Row 1: 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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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 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: MICHAEL KASOLAS Treasurer, Date: 2018-11-15

Paid Preparer Use Only Print/Type preparer's name: Richard Pierotti, Preparer's signature, Date, Check self-employed, PTIN: P00314987, Firm's name: KOKJER PIEROTTI MAIOCCO & DUCK, Firm's EIN: 94-1138201, Firm's address: 333 PINE ST 5TH FLOOR, SAN FRANCISCO, CA 941043319, Phone no: (415) 981-4224

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 94-3219727

Name: THE ELIOS SOCIETY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 TO PRESERVE AND PROMOTE THE SPIRIT, VALUES AND IDEALS OF OUR HELLENIC CULTURE AND HERITAGE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

Form 990EZ, 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANTHONY SARIS Director	1 00	0		
BYRON SCORDELIS Director	1 00	0		
JOAN DAURIA Director	1 00	0		
TED LALIOTIS Director	1 00	0		
PHIL ECONOMOPOULOS Secretary	1 00	0		
JOHN GUMAS President	5 00	0		
GEORGE KASOLAS Director	1 00	0		
GEORGE MARCUS Director	1 00	0		
PAUL SOGOTIS Director	1 00	0		
KERRY ENRIGHT Executive Dir	7 00	16,772		
PATRICK MOCKLER Vice President	1 00	0		
FANIS ECONOMIDIS Director	1 00	0		
JOHN G COSTOUROS Director	1 00	0		
FORSENE PHILLIPS Director	1 00	0		
MICHAEL KASOLAS Treasurer	1 00	0		

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(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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CONSTANTINE PANAGOTACOS Director	1 00	0		
NICK STAVROPOULOS Director	1 00	0		

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

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

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Department of the Treasury
Internal Revenue Service

Name of the organization
THE ELIOS SOCIETY

Employer identification number

94-3219727

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$1315

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$75

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MEMBERS SOCIAL EVENTS EXPENSES \$45528

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	WEBSITE \$499

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	TELEPHONE \$451

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	PAYROLL EXPENSES \$419

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	OFFICE SUPPLIES \$292

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	CONTRACT LABOR \$142

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK CHARGES \$113

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	LICENSES & FEES \$20

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	LOAN FROM ECF - Beginning \$0 LOAN FROM ECF - Ending \$19857

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, P AY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT