Commonwealth of Pennsylvania
Department of State

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

For Official Use Only	
Approved:	
RF:	
AF:	
LF:	
Fee Received:	

Charitable Organization Registration Statement – Form BCO-10

☐ Check if registering voluntarily
(See note under "important information")

Certificate Number: 33245
(Renewals Only)

Fiscal Year Ended: 12 / 31 / 11

Employer Identification Number (EIN): _____

1. Legal name of organization: GREEK AMERICAN HERITAGE SOCIETY OF PHILADELPHIA

   ☐ Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: PETER CHRISTIE

   Contact's E-mail: HEDONIC1@MSN.COM

   Physical address of organization: (Required)
   55 EVERGREEN AVE
   _____
   City: BROOMALL
   State: PA Zip code: 19008
   County: DELAWARE
   Phone number: 484-919-4336

   Mailing address: (If different than physical)
   _____
   _____
   City: _____
   State: _____ Zip code: _____
   800 number: _____
   Fax number: _____

   E-mail (If different that Contact's E-mail): _____

   Website: GREEKAMERICAN HERITAGE.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)
   55 EVERGREEN AVE BROOMALL PA 19008

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

162.7(a)(1) ☐ 162.7(a)(2) ☐

162.7(a)(3) ☒ 162.7(a)(4) ☐ Not Applicable ☐

6. List type of organization (e.g. corporation, association, etc.): _____

Where established: _____ Date established:** _____

**(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes ☐ No ☒ (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. ___/___/___

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: ___/___/___

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than $25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than $25,000. ___/___/___

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes ☒ No ☐ (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(c)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes ☐ No ☒ (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes ☒ No ☐

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

PLAN TO ESTABLISH LOCATIONS IN PHILADELPHIA AND SURROUNDING SUBURBS FOR THE PURPOSE OF PROMOTING ANCIENT GREEK CULTURE. ORGANIZE AND OPERATE GREEK CULTURE FESTIVAL.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL/ PERSONAL SOLICIATION / INTERNET / PUBLIC AWARNESS FUNCTIONS

14. Is organization registered to solicit contributions in any other state or municipality? Yes ☐ No ☒ (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

NONE

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

MICHAEL PAHIDES 270 DOGWOOD RD MEDIA PA 610-566-8541 ON GOING CONTRACT

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?
Yes ☐ No ☐ Not Applicable ☒ (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes ☐ No ☒ (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization) (Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes ☐ No ☒ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes ☐ No ☒ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes ☐ No ☒ (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes ☐ No ☒ (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)
MARY CRETICOS - PRESIDENT - 311 HICHON RD QUAKERTOWN PA 18951
PETER CHRISTIE - SECRETARY / TREASURER - 55 EVERGREEN ROAD BROOMALL PA 19008

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:
PETER CHRISTIE 55 EVERGREEN AVE BROOMALL PA 19008

B. Individual(s) with final responsibility for the custody of contributions:
PETER CHRISTIE 55 EVERGREEN AVE BROOMALL PA 19008

C. Individual(s) with final responsibility for final distribution of contributions:
PETER CHRISTIE 55 EVERGREEN AVE BROOMALL PA 19008

D. Individual(s) responsible for custody of financial records:
PETER CHRISTIE 55 EVERGREEN AVE BROOMALL PA 19008

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes ☒ No ☐

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes ☐ No ☒

C. Any supplier or vendor providing goods or services? Yes ☐ No ☒

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes ☐ No ☒

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes ☐ No ☒

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes ☐ No ☒

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

_____ Date _____

Signature of Chief Fiscal Officer

PETER CHRISTIE / TREASURER

Type or Print Name and Title of Chief Fiscal Officer

_____ Date _____

Signature of Another Authorized Officer

_____

Type or Print Name and Title of Another Authorized Officer

Checklist

- ☐ Original Registration Statement Properly Signed and Dated
- ☐ A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
- ☐ Form BCO-23, if Required
- ☐ Applicable Financial Statements
- ☐ Registration Fee and any Late Filing Fees
- ☐ Additional Filings, if an Initial Registrant

(Rev. 5-09)

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME: **GREEK AMERICAN HERITAGE SOCIETY OF PHILADELPHIA**

CERTIFICATE NUMBER: **33245** FOR FISCAL YEAR ENDED: **DEC 31, 2011**

Part I: Gross Contributions

1) General Contributions	1	
2) Gross Receipts from Special Events	2	
3) Contributions from Affiliates	3	
4) Contributions Received from Federated Fundraising Organizations	4	
5) Receipts from Membership Dues in Excess of Bona Fide Dues	5	
6) Gross Contributions (add lines 1 through 5) ➡	6	**0**

Part II: Other Income

7) Program Service Revenues	7	
8) Bona Fide Membership Dues and Assessments	8	
9) Government Grants and Contracts	9	
10) Miscellaneous Income	10	**6,564**
11) Total Income (add lines 6 through 10) ➡	11	**6,564**

Part III: Expenses

12) Program Services	12	**825**
13) Administrative Expenses	13	**23,402**
14) Fundraising Expenses	14	**23,444**
15) Payments to Affiliated Organizations	15	
16) Other Expenses from Special Events (other than fundraising expenses)	16	
17) Miscellaneous Expenses	17	
18) Total Expenses (add lines 12 through 17) ➡	18	**47,671**

Part IV: Net Assets

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	**-41,107**
20) Net Assets or Fund Balances at Beginning of Year	20	**610,828**
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	**-901**
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21) ➡	22	**568,820**

(See Next Page for "Salaries and Expense Allowance Statement")

SALARIES AND EXPENSE ALLOWANCE STATEMENT

Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.

23) Salaries and Expense:

Name of Individual	Title and Average Hours Per Week Devoted to Position	Salary	Expense Account and Other Allowances
Five Highest Paid Employees:			
1.			
2.			
3.			
4.			
5.			
Officers:			
MARY CRETICOS	PRESIDENT/ 4 HOURS	0	0
PETER CHRISTIE	SECRETARY/TREA 10 HOURS	0	0

ATTACHMENT TO FORM BCO-23

REF: GREEK AMERICAN HERITAGE SCOIETY OF PHILADELPHIA
CERTIFICATE NUMBER: 33245
FYE: DECEMBER 31, 2011

LINE 10 MISCELLANEOUS INCOME

INTEREST INCOME	$4835
DIVIDENDS	1729
TOTAL	$6564

LINE 31 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED CAPITAL LOSS	$901