Form. 990

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 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

Inter	nal Reveni			rm 990 and its instructions				Inspectio	n
<u>A</u>	For the	e 2016 ca	endar year, or tax year beginning	7/1/2016		ending	6/30/2017		
В	Check if a	applicable		SUPPORTIVE SERVICES (ORP	D Emp	loyer identific	cation number	
Ш	Address	change	Doing business as						
\Box	Name cha	222	Number and street (or PO box if mail is	not delivered to street address)	Room/suite	20-301			
ᆜ	Name cn	ange	3601 LEMAY FERRY RD			E Telep	hone number		
	initial retu	ım	City or town	State	ZIP code	(314) 4	87.5553		
	Constant		ST LOUIS	MO	63126	(514) 4	37-3333		
ᆜ	rınaı retum	/terminated	Foreign country name For	eign province/state/county	Foreign posta	code			
Ш	Amended	l retum	: 			G Gros	s receipts \$		38,896
	Application	on pending	F Name and address of principal officer			H(a) is this a group r	atura far nuband	vantana Van	X No
ш	Application	on penang	• •	DDV DD STIOUS MO	62126	1		= ;	₹
			LEON SPANOS 3601 LEMAY FE	KKT KD, ST LOOIS, MO_	03120	H(b) Are all subor		·	∐] No
1	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attac	halist (see in	istructions)	
J	Website	e: ▶ n/a				H(c) Group exemp	otion number l	>	
K			X Corporation Trust Ass	sociation Other	1, 40				
_		rganization	 	ociation Other	Lie	ar or formation 2	007 M S	tate of legal domicile	MO
	art I		nmary			 			
_	1 1	Briefly d	escribe the organization's mission	or most significant activities	es PRO	OVIDES SUPPO	RT TO SE	NIOR CITIZEN I	HOUSI
2	ł	COMPL	EXES BY OFFERING SERVICES	GEARED TO THE SENIO	R POPULAT	ION SUPPOR	THE DEV	ELOPMENT OF	=
혈	}	NEW C	OMPLEXES TO ASSIST ADDITIO	NAL SENIOR CITIZENS					
5	2		nis box 🕨 if the organization		or disnoser	of more than 2	5% of its ni	at accate	
ő	3		of voting members of the government		or disposed	of more than 2	3	51 833613	2
ಹ			-		\/L line 1h\	•			3
8	4		of independent voting members of		-	•	4		3
Activities & Governance	5		mber of individuals employed in ca		iine 2a)	-	5		0
듕	6		mber of volunteers (estimate if nei	• •		•	6		
ĕ) 7a	Total un	related business revenue from Pa	rt VIII, column (C), line 12			7a		0
	b	Net unre	elated business taxable income fro	m Form 990-T, line 34			7b		0
-		-				Prior Ye	ar	Current Year	ır
	8	Contribu	itions and grants (Part VIII, line 1h)			0		0
Revenue	9		service revenue (Part VIII, line 2				36,469		38,393
8	10	Investm	559		503				
~	11		venue (Part VIII, column (A), lines		a)	ļ	0		0
	12		enue—add lines 8 through 11 (must				37,028		38,896
	13		and similar amounts paid (Part IX,		110 12/	 	01,020		00,000
	14						ŏ		
	1		paid to or for members (Part IX, o		o E 10\				
89	15		other compensation, employee ben		8 5-10)	<u> </u>	0		0
E SE	16a		onal fundraising fees (Part IX, col	•	_		0		() ************************************
Expenses	· j b		ndraising expenses (Part IX, colun			240 33 4 34		St. bes at same	
Ш	17	Other e	kpenses (Part IX, column (A), lines penses Add lines 13–17 (must eq	s 11a=11d, 11f-24e)			61,849		96,032
	18	Total ex	penses Add lines 13–17 (must eq	ual Part IX,ľoolumn-(A)√lin	e 25)		61,849		96,032
	19_	Revenu	e less expenses Subtract line 18	from line 12		<u> </u>	-24,821		-57,136
ō	£			OCT OO OO	100	Beginning of Cu	rent Year	End of Year	<u>- </u>
at Assets or	20	Total as	sets (Part X, line 16)	이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	7 S-08		245,784	1	188,648
3	21		bilities (Part X, line 26) .	L	. 18		0		0
ž	22		ets or fund balances Subtract line	21 from 10e20 FN 1	17		245,784	1	188,648
	art II.		nature Block			<u> </u>			
			y, I declare that I have examined this return,	including accompanying schedule	s and statement	s and to the best of	my knowledge		
			ect, and complete Declaration of preparer (c						
			hum Smanos				9-23-	-17	
	gn		Signature of officer				ate		
He	ere		- • ·		וממ	ESIDENT	, a.o		
			LEON SPANOS		PRI	ESIDENI	·		
_			Type or pnnt name and title	I Successive and the		Law		T 5-11	
_		Prin	t/Type preparer's name	Preparer's signature		Date	Check [- r PTIN	
	aid	l		1		İ	self-emple	<u> </u>	
	epare	L							
Us	se Only	y Firm	is name			Firm's E	IN -		
_		Firm	n's address 🕨			Phone n	0		
M	av the If	RS discus	s this return with the preparer sho	wn above? (see instruction	ns)			Yes	□ No

Form S	90 (2016)	AHEPA 53 SUPPORTIVE SERVICES CORP	20-3013445	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		describe the organization's mission NTITY IS ORGANZIED TO SUPPORT THE MSSION OF 4 SENIOR CITIZEN HOUSING COMPLEXES	3	
2	Did the	e organization undertake any significant program services during the year which were not listed on		
	the price of the p	or Form 990 or 990-EZ? " describe these new services on Schedule O corganization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
3	service	Yes	X No	
4	Describ expens	"describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program services, a ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 40,398 including grants of \$) (Revenue IS UNDERTAKEN FOR RESIDENTS SUCH AS TRIPS AND DINNERS		353)
4b	(Code ⁻ VARIO) (Expenses \$ 36,967 including grants of \$) (Revenue US SERVICES FOR TENANTS INCLUDING LAUNDRY FACILITIES, REMODELING WORK, AND OT		1,575) S
				·
				·
4c	(Code LEGAL) (Expenses \$ 18,667 including grants of \$) (Revenue AND OTHER	\$)
		,		
				· · · · · · · · · · · · · · · · · · ·
				· · · · · · · · · · · · · · · · · · ·
4d		program services (Describe in Schedule O) uses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		orgram service expenses 96.032		<u>'</u>

Part IV Checklist of Required Schedules

			168	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. 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	4	_	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	\vdash		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		}	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt		1	
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		- 1	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Company of the	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	55.7		
	• •	74112		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	444		v
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	"		<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
			000	

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2016) Page 4 Part IV **Checklist of Required Schedules** (continued) No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 X . . . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

14a

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes." indicate the number of Forms 8282 filed during the year. d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e A Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter-11 Gross income from members or shareholders . . . 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI

Sect	ion A. Governing Body and Management			<u> </u>	ــــــــــــــــــــــــــــــــــــــ
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		er Gris
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O		24.5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i.			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina	150		10.0
•	the year by the following		1	ST. 3.2	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes? .	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "			ļ
	describe in Schedule O how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	577 X 11100 - 1	X
15	Did the process for determining compensation of the following persons include a review and appro		7		22.5
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	gement		1714	
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		199		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b	l	<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)s onl	y)	
	available for public inspection Indicate how you made these available. Check all that apply				
		kplain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	olicy, ar	id	
20	financial statements available to the public during the tax year		_		
20	State the name, address, and telephone number of the person who possesses the organization's I	(0.4.4) 405 555	. ▶		
	LEON SPANOS 3601 LEMAY FERRY RD, ST LOUIS, MO 63126	(314) 487-555	<u> </u>		
	<u> </u>				

	_					_					
Form 990 (2016)	AHEPA 53 SUPPORTIVE SERVIC	ES CORP							20-30134	45 r	Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, Ke	y En	ıplo	yees	, ⊦	lighest Comp	ensated		
•	Employees, and Independent C										
	Check if Schedule O contains a re	esponse or no	te to a	ny Iir	ne in	this	Pa	nt VII		[
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highes	t Con	nper	nsate	d E	mployees			
1a Complete organization's	this table for all persons required to be l s tax year	isted. Report co	mpensa	ation 1	for th	ne cal	enc	dar year ending v	with or within the		
	of the organization's current officers, di ion Enter -0- in columns (D), (E), and (l					uals c	ГО	rganizations), re	gardless of amo	unt	
	of the organization's current key emplo										
	organization's five current highest con									yee)	
	reportable compensation (Box 5 of Fore and any related organizations	m vv-2 and/or bo	OX / OT	roim	109	9-14112	C)	or more than \$1	bu,buu from the		
-	of the organization's former officers, ke	v employees ar	nd highe	est co	mne	nsate	d e	molovees who r	eceived more th	an	
	eportable compensation from the organ						•				
	of the organization's former directors of more than \$10,000 of reportable compe									the	
List persons i	n the following order: individual trustees	or directors, ins	stitution	al trus	stees	s, offic	ers	s, key employees	s, highest		
compensated	employees, and former such persons										
X Check th	is box if neither the organization nor any	/ related organiz	ation c	ompe	nsat	ed an	ус	urrent officer, dir	ector, or trustee		
				((C)						
	(4)	(D)	(40.004		ition	46		40)	(E)	(5)	
	(A) Name and Title	(B) Average	(do not					(D) Reportable	(E) Reportable	(F) Estimat	
		hours per week (list any	officer					compensation from	compensation from related	amount other	
		hours for	or div	Officer	₹	ag d∰	Former	the	organizations	compensa	sation
		related organizations	individual to or director	Officer	employ	Highest com employee	Ę	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from th organiza	
		below dotted	ᆙᄛᆘ	<u>a</u>	١ĕ١	е <u>ў</u>		. =		and rela	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	n of size Highest compensated អ ស ក្តី employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LEON SPANOS	1 00									
PRESIDENT	1 00	X		X	-			0	0	0
(2) DINO BENOS VP DIR				U						•
(2) CHRYCOLA TOMARAC	1 00 1.00	X	-	X	-		-	0	0	0
DIR/SEC	1.00	x						o	o	0
(4) PAT JOHNSON			-				<u> </u>			
TREASURER	1 00	1		x				o	o	0
(5)										
(6)										
.(7)										
(8)						-				
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Page 8

	(A) Name and trife	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reporta compensa from rela	ation	(F Estima amou oth	ated nt of
		hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	compen from organiz and re organiz	sation the zation lated
(15)							ļ						
(16)				-		-							
(17)						-					_		
(18)													··········
(19)												 	
(20)						-							
(21)								ļ <u>.</u>	-				
(22)													
(23)						_		-				 	
(24)			-		-								
(25)					-								
1b c	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A	,		.			>	0	· · · · · · · · · · · · · · · · · · ·	0		0
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	bov	e) v	vho	recei	ved		0,000 of	0		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,				e, c	or higi	hes	t compensated			Ye	s No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great andividual	•	•									4	×
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual		5	A X
Sec	tion B. Independent Contractors	os, complete of	3770020	,,,,	101	300	ni poi	301		······		<u> </u>	-1-^-
1	Complete this table for your five highest compecompensation from the organization. Report cover											ax	
	(A) Name and business add	Ireas							(B) Description of ser	vices		(C) Compensati	ion
													0
								 					0
								\vdash					0
													Ċ
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	the	se l	iste	d abo ດ	-	who received				

<u>l ai</u>	, viii	Check if Schedule O contains	a response o	or no	ote to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	3.00	1a	0		120, 4 15 1		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u> </u>	1b	0			The second secon	
שַׁ בַּ	С	Fundraising events .	[1c	0				
Gifts,	ď	Related organizations	Γ.	1d	0		[3] - 4 ¹ 4 [2		
8, E	е	Government grants (contribution	_	1e	0			37.	
ion ion	f	All other contributions, gifts, gran							1. 2 ye 3 k
		similar amounts not included abo		1f	0				
Contributions, and Other Sim	g	Noncash contributions included in I	_	\$	0				
Ç #	h	Total. Add lines 1a-1f		•	▶	0			
•				T	Business Code	ANAMATI SIM			W CONTRACT
Revenue	2a			1	900099	0	San Barrier		38.77
86	ь	EVENTS		-	900099	353	353		
8	c	LAUNDRY		-	900099	34,575	34,575	·	
Program Service	ď	OTHER		-	900099	3,465	3,465		
S	_ _			ŀ	00000	0,100	0, 100		·
E G	f	All other program service revenu	e	1		0			
5	a	Total. Add lines 2a-2f	•	_	D	38,393			
	3	Investment income (including div	idends intere	est. a	and	30,000		yet (New State Plant) Action	CONTRACT BENEFIT OF STREET
		other similar amounts) .		,	. •	503			503
	4	Income from investment of tax-er	xempt bond p	roce	eeds ►	0			
	5	Royalties .			>	0			
	Ť		(ı) Real	T	(ii) Personal				
	6a	Gross rents .		_					
	b	Less rental expenses		_					
	c	Rental income or (loss)		0	0				
	d	Net rental income or (loss)		<u> </u>	•	n	1.00 // 50 FEE / A VOTE S		
	7a	Gross amount from sales of	(i) Securities		(II) Other		MANAGE AND SE		4.77 FEB. 44
	'-	assets other than inventory		0	0				
	Ь	Less cost or other basis		~		医无常性衰竭			
	~	and sales expenses		ol	O				
	c	Gain or (loss)		0	0				
	اما	Net gain or (loss)	<u> </u>	<u> </u>	D	0	***************************************		
	•	itter gam or (1000)	•	ſ		7 7v. 1 32 9		1 1988 T. 1,1987	
<u> </u>	8a	Gross income from fundraising		ļ					
Ĕ	""	events (not including \$	0	Ì	•				
Š		of contributions reported on line				Sept. To the			
Ř		See Part IV, line 18	10,	a	n			" 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Other Revenue	h	Less direct expenses	• •	Б	0	~ · · · ·			* 7
ŏ		Net income or (loss) from fundra	ising events	٠ ر					
		Gross income from gaming activ	_	١	<u></u>	<u>-</u>	·		
•	"	See Part IV, line 19.	11.00.	a	0		·	•	
	l h	Less direct expenses		Б	0	~ ? " =	'		
		Net income or (loss) from gamin	n activities	י ב		0			
		Gross sales of inventory, less	g dollvillos	Γ					
		returns and allowances .		a	0				
	Ь	Less: cost of goods sold.	•	ь		-			
		Net income or (loss) from sales	of inventory	~ L	-	0			
	⊢∸	Miscellaneous Revenue	y	<u> </u>	Business Code	<u>~</u>			
	11a			一		0			
	b			- 1		0			
	C			ŀ		Ö			
	d	All other revenue		ł		ő			
	e	Total. Add lines 11a-11d.		L		- 0		 	
	12	Total revenue. See instructions		•		38,896		0	503

Form 9	90 (2016) AHEPA 53 SUPPORTIVE SERVICES CO	RP		20-30	13445 Page 10
Par	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	organizations must d	complete column (A	
	Check if Schedule O contains a response or note				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	domestic governments. See Part IV, line 21	1 0			
2	Grants and other assistance to domestic		-	ZAS YESTATIYA	
_	individuals See Part IV, line 22	1 0			
3	Grants and other assistance to foreign	<u>×</u>		-Carrier and Carrier	Carlo San
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	<u> </u>	 -		
•	trustees, and key employees	l 0		l o	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons (as defined dilder section 4956(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	0	 	 	
8		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
•	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	18,668	18,668		
C	Accounting	0			
ď	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17		office Marian	Contraction (Contraction	
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column]			
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology .	0			
15	Royalties	0			
16	Occupancy	0			, , , , , , , , , , , , , , , , , , , ,
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	Q			
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	Acres de la company			7.
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	LAUNDRY	3,193	3,193		21,000,000,000,000,000,000,000,000,000,0
b	TENANT EVENTS	40,398			
r	OTHER TENANT SERVICES	24,800			
ď	ACTIVITY ROOM FURNISHINGS	5,723	 		
e	All other expenses COMPUTERS				<u> </u>
25	Total functional expenses. Add lines 1 through 24e.	3,250			
26	Joint costs. Complete this line only if the	96,032	96,032	0	0
20	· · · · · · · · · · · · · · · · · · ·	1			
	organization reported in column (B) joint costs				
	from a combined educational campaign and	l	ĺ	l	l

fundraising solicitation Check here following SOP 98-2 (ASC 958-720) .

Part X Balance Sheet

	·	Check if Schedule O contains a response or note to any line in this Part X			
	_		(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	31,544	1	13,917
	2	Savings and temporary cash investments	214,240	2	174,731
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net .	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	_	Complete Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined under section			41,3
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			0.645
g		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	\ -	8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		other basis Complete Part VI of Schedule D 10a 0	27 C		
	b	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	245,784	16	188,648
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities . Escrow or custodial account liability Complete Part IV of Schedule D		20 21	
	22	Loans and other payables to current and former officers, directors,		32	
Llabilities	LL	trustees, key employees, highest compensated employees, and			
E E		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D .	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
če		complete lines 27 through 29, and lines 33 and 34.			是1000年,1000年
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
or Fund Balances	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	
488	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds	245,784		188,648
Z	33	Total net assets or fund balances	245,784		188,648
	34	Total liabilities and net assets/fund balances	245,784	34	188,648

Form 9	90 (2016) AHEPA 53 SUPPORTIVE SERVICES CORP		<u>0-3013445</u>	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	,896
2	Total expenses (must equal Part IX, column (A), line 25)	2		96	,032
3	Revenue less expenses Subtract line 2 from line 1	3		-57	,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		245	,784
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10		188	,648
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. [</u>	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		E 32	Yes	No
٠,	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		1874	423	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			200	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
.	Were the organization's financial statements audited by an independent accountant?		2b		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			*	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			21.2	<u> </u>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		-n/3
	If the organization changed either its oversight process or selection process during the tax year, explain in		8 6		
2-	Schedule O		S2:31		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				х
b	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	3a		 ^-
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	ł	
	required addit of addits, explain why in ochedule of and describe any steps taken to didelyo such addits			990	(2016)
			rom	3 3 0 ((ZU10)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 6

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-3013445 AHEPA 53 SUPPORTIVE SERVICES CORP Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 fisted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) AHEPA I 43-1224060 9 38,009 (B) AHEPA II 43-1455622 9 Х 19,341 (C) 9 Х 19,341 AHEPA III 26-1531552 (D)

9

Х

27-3127414

0

19,341

96,032

(E)

Total

AHEPA IV

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

JUILE	Dule A (Folini 990 di 990-EZ) 2010 ANEPA 3.	SUPPORTIVES	SERVICES CORP			<u></u>	Page 4
Pa	t II Support Schedule for Org	anizations Des	cribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you check	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify und	der
	Part III. If the organization fa	ails to qualify ur	der the tests lis	sted below, plea	ase complete P	art III.)	
	tion A. Public Support			,	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not]	1	
	include any "unusual grants ")		<u></u>				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf			·····			0
3	The value of services or facilities				1		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)				4 M		
	included on line 1 that exceeds 2%					er der Tr	
	of the amount shown on line 11,			. T	Y = 7.7		
	column (f)	22 1 1 1 1 2 1	4.00	39.656 7722		*	
6_	Public support. Subtract line 5 from line 4			3.1.4 T			0
	tion B. Total Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,		ļ				
	rents, royalties and income from similar				}		
	sources			<u></u>			0
9	Net income from unrelated business						
	activities, whether or not the business is				1		
	regularly carned on		ļ 	ļ <u> </u>			0
10	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10.	AMERICAN STREET	* 30 The State of	2000 A.B	The second second		0
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	•		n, or tiπn tax year a	as a section 501(c)	(3)	. □
				• •			
	ction C. Computation of Public Su				 		0.000/
14	Public support percentage for 2016 (line 6,	• • •	-	(1))		14	0.00%
15 40-	Public support percentage from 2015 Sche					15	0.00%
тьа	33 1/3% support test—2016. If the organiand stop here. The organization qualifies:			s, and line 14 is 33	1/3% or more,		
		. , , , ,	· ·				
D	33 1/3% support test—2015. If the organi				is 33 1/3% or more	, check this	
4=-	box and stop here. The organization qualif	•	-				•
17a	10%-facts-and-circumstances test—201	_					
	is 10% or more, and if the organization med Part VI how the organization meets the "fac						
	organization						
h	10%-facts-and-circumstances test—201	I.S. If the organization	on did not check a i	nox on line 13, 16a	16b.or17a.and	ine	
	15 is 10% or more, and if the organization i						
	Part VI how the organization meets the "fac					•	-
	supported organization						🕨 🛄

Scrie	DUIS A (FOITH 990 OF 990-EZ) 2016 AFEPA 33	SUPPURITIES	SERVICES CORF			20-30134	43 Page 3
Pa	t III Support Schedule for Orga	anizations Des	cribed in Sect	tion 509(a)(2)			<u> </u>
	(Complete only if you checke	ed the box on li	ne 10 of Part I	or if the organiz	zation failed to	qualify under P	art II.
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	plete Part II.)		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					-	
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf				·		0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge .				i		0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
-	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons						0
ь	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		,				
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	94 o 11					
-	line 6.)						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0		0		0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
_	Uppelete d transport to reble resource //oce			T			

Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on secunties loans,						
	rents, royalties and income from similar sources						0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Į.				İ	
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					Ì	
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	o_	0
14	First five years. If the Form 990 is for the or	manization's first se	econd third fourth	or fifth tax year a	s a section 501(c)(3)	

	and 12.)	0	0 <u> </u>	0	0]	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here			-	, ,, ,		▶ [
Sec	ction C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8, column	n (f) divided by line 1	3, column (f))		15		0.00%
16	Public support percentage from 2015 Schedule A,	Part III, line 15 .	<u> </u>	<u> </u>	16		0.00%
	ction D. Computation of Investment Inc						
17	Investment income percentage for 2016 (line 10c,	column (f) divided b	y line 13, column (f)))	17		0.00%
18	Investment income percentage from 2015 Schedu	ile A, Part III, line 17			18		0.00%
19a	33 1/3% support tests-2016. If the organization	n did not check the b	ox on line 14, and li	ne 15 is more thar	33 1/3%, and line	17 is	
	not more than 33 1/3%, check this box and stop I	nere. The organization	on qualifies as a pub	olicly supported or	ganization .		. ▶
þ	33 1/3% support tests—2015. If the organization	n did not check a box	k on line 14 or line 1	9a, and line 16 is	more than 33 1/3%,	, and	
	line 18 is not more than 33 1/3%, check this box a	ind stop here. The c	organization qualifie:	s as a publicly sup	ported organization	1	▶

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Suppo

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
		200
1	X	-16.00
2	- CASARA	X
<u> </u>	Autocomocodo	X
3.1		
3b		
	34	
3C	er ramen	al workers with
4a		Х
940.		
S (4)		
		720529
4b	Section Contracts	X SERVICES
		200
4c	ن ک جوانی ترقاه	Y
2092	200	
4.9		
44		
4	5 +	
5a	I	X
	27/100	
5b	-	
<u> </u>		
5C	10.00 to 10.00 to	
1.5	3,5	
6		X
	200	
	140	
	1000	
7		X
1	4	1
8		X
	- 1	
00	No.	V
30		<u> </u>
9b		X
•		,
9c		X
4.5	1	V
10a		<u> </u>
10b	L	X

<u>Part</u>	Supporting Organizations (continued)	
•		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a X
b	A family member of a person described in (a) above?	11b X
C Sooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c X
Secu	ion B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	MANUEL STATES
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	数据数
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1966 (49)
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	24 3 E
	supervised, or controlled the supporting organization	2
Sect	ion C. Type II Supporting Organizations	
_		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	1 X
Sect	the supported organization(s) ion D. All Type III Supporting Organizations	
	on of An Type in capporting organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- (
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
Soct	supported organizations played in this regard ion E. Type III Functionally Integrated Supporting Organizations	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etrustians)
1 a	The organization satisfied the Activities Test. Complete line 2 below	aucuons)
þ	The organization is the parent of each of its supported organizations. Complete line 3 below	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions)
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization, in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgar	nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See					
instructions. All other Type III non-functionally integrated supporting organ	<u>nızatı</u>	ons must complete Sections			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4	0	0		
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see	Į,				
instructions for short tax year or assets held for part of year)					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other					
factors (explain in detail in Part VI)	3.4				
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3	0	0		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,					
see instructions)	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 035	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount		2. 第二 至	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Committee Control of the	0		
2 Enter 85% of line 1	2	4.000	0		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	AND THE STREET	0		
4 Enter greater of line 2 or line 3	4	Committee Contract	0		
5 Income tax imposed in prior year	5	TO THE PARTY OF TH			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions)	6		0		
7 Check here if the current year is the organization's first as a non-functiona	lly int	egrated Type III supporting	organization (see		
instructions)					

Part \		Supporting Organi	zations (continued)	·
Section	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			L
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	······································		
7	Total annual distributions. Add lines 1 through 6		······································	0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	
	(provide details in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount	,	······································	0 000
		/11	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		ZX0000 DIOLIDALIONO	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		PART CONTRACTOR	0
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI) See			
	ınstructions			
3	Excess distributions carryover, if any, to 2016			
a	D. D.			Mile of 1921 of the state of
b				
с	From 2013 . 0			
<u>d</u>	From 2014 0			
е	From 2015 . 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount		公司的第三人称单数	0
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2016 from			
	Section D, line 7 \$ 0		是一种主义是一个主义的	
<u>a</u>	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2016 distributable amount			0
<u> </u>	Remainder Subtract lines 4a and 4b from 4	0	1 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result	The Control of the State of the		1966年1186年3月1日
	greater than zero, explain in Part VI. See instructions	The state of the s	0	
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		A STATE OF THE STA	0
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7			
a		<u></u>		′
<u>b</u>				
<u>c</u>				
<u>d</u>				
е	Excess from 2016 . 0			

Schedule A (F	orm 990 or 990-EZ) 2016 AHEPA 53 SUPPORTIVE SERVICES CORP	20-3013445 Page	8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, lin		_
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c,		
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section		
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and	Part V, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
			_
	•••••••••••••••••••••••••••••••••••••••		

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE 0 (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.

OMB No 1545-0047 201 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification number
AHEPA 53 SUPPORTIVE SERVICES CORP	20-3013445
Form 990, Part VI, Section Section B, Line 11b AVAILABLE TO BOARD BEFORE FILING	
Form 990, Part VI, Section Section C, Line 19 PROVIDED ON REQUEST	
	4