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)

2018

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calend	lar year, or tax	year beginn	ing			, 2018	3, and end	ding		, 20
В	Check if a	pplicable	C Name of organ	nization <u>Hell</u>	enic Americ	can Leader	ship Co	uncil				D Employer identification no
X .	Address c	hange	Doing busines	s as								26-4103685
$\overline{\sqcap}$ ,	Name cha	ange	Number and s	treet (or PO box	if mail is not delivere	d to street address)				Room/suite		E Telephone number
_	Initial retu	=	22 W W	ashington	Suite 150	0			ŀ			(312)283-8615
$\overline{}$		rn/terminated			country, and ZIP or fo							G Gross receipts
<b>=</b>	Amended			o, IL 606		<b>.</b>					ı	\$ 453,765
<del>.</del> .		n pending	F Name and add							H(a) Is this a grou	o retum fo	
<u> </u>	фриссио	,, po,,g	l name and as	2, 000 0. po.pu.				.1		H(b) Are all sub		
	Tax-exem	nt etatus	501(c)(3)	501(c) ( <b>4</b>	) (insert no )	4947(a)(1) o	52	, M	>	<del></del>		a list (see instructions)
		► N/A	1 001(0)(0)	J 501(5) ( 4	) 4 (1110071110)	(e)( <u>1/</u> -		V		H(c) Group ex		
		rganization	Corporation	Trust Asso	ociation Other	<u>▶ 1</u>	1,	Year of form	nation	1		al domicile IL
	rt I	Summar	<u> </u>	I ilust [ ] Asse	CationOttler			TCB/ OF TOTAL	Idion	1.11 0.00	.c or logo	TI COMMONO II
	1			ation's missio	n or most signific	cant activities	Sec. 1	ttach	od .	<del>-</del>		
	'	blielly descri	ibe the organiz	alion 3 missio	ii oi iilost sigiiilit	carr activities	see A	LLACII	eu			-
Activities & Governance	- }			(#)	<del></del>	·				•		
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ő	1 -		_		discontinued its		sposed of II	iore mai	125% 0110	is net assets	د ا	
<b>જ</b>	3		•	-	ning body (Part V			····R	ECE	VĖD	$\frac{3}{4}$	
es	4		•	•	of the governing	• •		·			4	0
٧į	5				calendar year 20	18 (Part V, line	<sup>2a)</sup>	જ્ઞ! : :			5	3
\ct	6		r of volunteers		**		زا· · · · ز	ર્ડ્ર  · · ∀	⊎G 1·3	3019 · ·   Q.	6	<del></del>
٩	7a	Total unrelate	ed business re	venue from P	art VIII, column (	C), line 12		٠		· · · · · · · · · · · · · · · · · · ·	7a	0
·	b	Net unrelated	d business tax	able income f	rom Form 990-T,	line 38	<u> .</u>		SDEV	<u> </u>	7b	0
ne							L		3041	Prior Year	<u> </u>	Current Year
	8	Contributions	s and grants (F	Part VIII, line 1	h)					224	4,13	1 453,765
	9	Program ser	vice revenue (I	Part VIII, line	2g)				[			0
'en	10	Investment II	ncome (Part V	III, column (A)	), lines 3, 4, and	7d) · · · ·			[	•		0
Revenue	11				es 5, 6d, 8c, 9c, 1				[			0
_	12		•	• • •	nust equal Part V		line 12)		🗀	22	4,13	1 453,765
					(, column (A), line						- / - 0	155,000
	14			•	column (A), line	•				-		133,000
	1	•				-				36	2,61	8 369,983
es	15				benefits (Part IX				∵.⊢	30,	2,61	<del>                                     </del>
ű	16a		•	•	olumn (A), line 11	٠,		_	. —			0
Expenses	b		•		mn (D), line 25)				<del>'</del>			101.146
ú	1		· ·		es 11a-11d, 11f-2				[		6,08	
7	18				qual Part IX, col	umn (A), line 25	)		⊢		8,70	
<u>(</u> )		Revenue les	s expenses S	ubtract line 1	8 trom line 12		<u></u>		• • •		4,56	I .
٠ ٥	20 2								<u>                                     </u>	Beginning of Currer		End of Year
ASSOIS OF	20		(Part X, line 16	•					⊢	2,75	9,44	
. 47	21	Total liabilitie	es (Part X, line :	26) • • •					•••⊢	2,74	2,01	5 3,012,015
ž	22			s Subtract lir	ne 21 from line 2	0			<u></u>	1	7,42	7 25,061
	rt II		ıre Block		<u> </u>							
(Und	er penaltie	es of perjury, I dec	clare that I have ex-	amined this return	n, including accompar cer) is based on all inf	nying schedules and	statements, ar	nd to the be	st of my kno	wledge and belief, it	IS	
Tire	CONTECT, 2	and complete De			El fill all all	Zindion gi illion p		7				
1 -4		Endy	Zemenide	s >>>	Ca	Ser	u	$\checkmark$				08-06-2019
Şig	n	Signatui	re of officer					' 2	-		Date	9
Hei		Endv	Zemenide	s, Direc	tor ' 2	/						
			print name and title						_			
		Print/Type pre	eparer's name	- "	Preparer S signature	$\langle \rangle$		Date		Check	ıf	PTIN
Pai	d		•		Takıs Sara	tos		8-07-	2019	self-emplo	_	P01336414
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JO	- Omy	Firm's addres			icero Suite	e 201				Phone no	. 47 -	$\mathbf{U} \iota$
				Chicago							34/-3	324-4848 J
way	the IRS	aiscuss this	return with the	preparer sho	wn above? (see	instructions)						· · · 🔀 Yes 🗌 No

Form	990 (2018) Hellenic American Leadership Council	26-4103685	Page 2
Pai	rt III Statement of Program Service Accomplishments		
,-	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u></u>
1	Briefly describe the organization's mission		,
	See Attached	_	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	□ Yes	⊠ No
	If "Yes," describe these changes on Schedule O		<b>M</b> 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	1 by	
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		1615,	
	the total expenses, and revenue, if any, for each program service reported		
			····
4a	(Code) (Expenses \$716,129 including grants of \$) (Revenue	<b>\$</b>	'
	See Attached		
		<del></del>	
		<del></del>	
	<del></del>		
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<del></del>
			<del></del>
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			·
			<del></del>
		<del></del>	
	Other program convece (Decerbo in Schedule C.)	<del></del>	
<del>-1</del> U	Other program services (Describe in Schedule O )	,	
-	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 716,129		

Page 3

Pai	TIV   Checklist of Required Schedules		Yes	N-
	to the expense to a described in section E01/e\/2\ or 4047/e\/1\ /ethor then a private foundation\2 if "Vee "		105	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		х
_	complete Schedule A	2		X
2			_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4		4		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5		5	!	Х
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	3		
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		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt 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			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	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			
		11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_		
		11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	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		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 IL	21		X
EEA		Form !	990 (2	018\

L. W.	tre Checking of Reduined Constants (community)			-
•	Did the assessment was the 65 000 of grants as other constants to a fee demants industrial on		Yes	No
22	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		х
23	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<b></b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
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?			7.5
	If "Yes," complete Schedule L, Part I	25b		X
26	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	26	v	
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del> -		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			_==
	Schedule L, Part IV	28b		X
С	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			İ
	complete Schedule N, Part II	32_		X
33	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
26-	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		Х
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	254		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		$\triangle$
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30_		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		l
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
Pari				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> .	$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l i	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			30
	Statements, filed for the calendar year ending with or within the year covered by this return	<b>36.</b>		Mai 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	32 7 7 393
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a	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)?	4a	and a second	X
þ	If "Yes," enter the name of the foreign country		X 37	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		(1945)	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	N 43-7
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		[
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed duning the year		12 4 3 5 5	4 1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		KY.	สมัย
	sponsoring organization have excess business holdings at any time during the year?	8	501 x 11	X
9	Sponsoring organizations maintaining donor advised funds.	336	4	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	. tom # 8 >	X
10	Section 501(c)(7) organizations. Enter		1. T.	
а	Initiation fees and capital contributions included on Part VIII, line 12		Yes.	10.00
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		210 2 3	
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	The sale		
þ	Gross income from other sources (Do not net amounts due or paid to other sources	332	The state of the s	7 3
	against amounts due or received from them )	38,935	73-17 h	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	30), 3.7 £ 1	<u></u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		0	· 28
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Y
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2011 - 1001	
	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			4.327 2.327
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		73. Sa	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		'	<b>_</b> _
	excess parachute payment(s) during the year	15	سه د د	X
40	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	85.500 E	X
	If "Yes," complete Form 4720, Schedule, O		100	F-384

Part VI

Page 6

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			П
~~	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<u>· · · · </u>	<u>· LJ</u>
Sec	tion A. Governing Body and Management		.,	
	Catality with a second		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		1 4
	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	-		. 1
	committee, explain in Schedule O	٠,		.
b	Enter the number of voting members included in line 1a, above, who are independent	<del></del> -		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a		X
р	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<b>.</b>
_	stockholders, or persons other than the governing body?	7b	J.	X
<b>,</b> 8	Did the organization contemporaneously document the meetings held or written actions undertaken during		'	'
_	the year by the following		X	
a	The governing body?	8a 8b	X	
ь	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9	х	
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	Λ	L
<u>3ec</u>	LION 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	705	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		<u> </u>
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7 7	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	ii
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		<del></del>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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)		<del></del>	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		t.	,
	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 its	100		
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	,,		
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	Ц	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	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 books and records			
	Endy Zemenides (312)283-8615, 233 S Wacker Suite 8400, Chicago, IL 60606			

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Hellenic American Leadership Council

26-4103685

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (F) (A) (B) (D) (E) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an amount of hours per compensation compensation from officer and a director/trustee) week (list any related other from compensation hours for the organizations Individual trustee (W-2/1099-MISC) related organization from the lighest compensated organizations (W-2/1099-MISC) organization and related below dotted line organizations 45.00 (1) Endy Zemenides President and Executive Director Х  $\mathbf{X}$ X 0 0 (2) George Tsunis X 0 n Vice- Chairman (3) Alexi Giannoulias Х n O Chairman (4) Ted Diamantis X ٥ Director 0 (5) Michael Dovellos Х O 0 Director (6) Tasos Pardallis Х Director D 0 (7) Anthony Kammas X Director 0 0 (8) Eleni Delimpaltadaki Janis X Director 0 (9) Yianni Konsantinou X Director 0 ٥ (10)Vanessa Kamberis Х Director 0 0 (11)Georgia Logothetis Secretary X X 0 0 (13) (14)

	90 (2018) Hellenic American									26-41036	85	P	age 8
Part	VII Section A. Officers, Directors, Trustees, K	ey Employe	es, and	Hig	jhes	t Co	mper	sate	d Employees (cor	tinued)			
	(A) Name and title	(B) Average hours per week (list any	box, u	inless r and	a dire	tion ore th on is ector/	an one both an trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related	ап	(F) stimated nount of other	•
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensation the panization direlated anization	on d
(15)													
(16)									-				
(17)													
<u>(18)</u>													
<u>(19)</u>									-				
(20)													
(21)													
(22)													
(23)						ı							
(24)													
(25)													
1b	Sub-total			• •	• •	• •		<b>•</b>	-				
c d 2	Total from continuation sheets to Part VII, Sectio  Total (add lines 1b and 1c)  Total number of individuals (including but not limited					···	ed m	► Te th	0 \$100,000 of	0			0_
	reportable compensation from the organization	to those lister		c, •••						0			<del>,</del>
3	Did the organization list any <b>former</b> officer, director, or	or trustee, key	emplo	yee,	or h	nghe	est con	npen	sated			Yes	No
	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repo			n ar			· · ·				3_		X
4	organization and related organizations greater than \$	150,000? <i>lf "</i>	Yes," c									,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," co	mpensation f	from ar					zatio	n or individual		5	-	x
Secti	on B. Independent Contractors	_					_						
1	Complete this table for your five highest compensate compensation from the organization Report compensation year												
	(A)								(B)			(C)	
	Name and business address							_	Description of	services	Comp	ensatio	n
2	Total number of independent contractors (including by received more than \$100,000 of compensation from				sted	abo	ve) wr	10					,

Form 990 (2018)

Hellenic American Leadership Council

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII

(A) (B)

					The state of the s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts its	1a	Federated campaigns	1	1a					
Grai	b	Membership dues	F	1b	453,765				# 1 T W 1
r An	C	Fundraising events		1c 1d					
mila mila	u	Related organizations Government grants (contributions)	one)	1e					Fb 375 3767
ions r Sin	f	All other contributions, gifts, gra		16					
Contributions, Grits, Grants and Other Similar Amounts	·	and similar amounts not includ-		1f					
ontr nd (	g	Noncash contributions included			-				
	h	TotalAdd lincs_1a-1f	<u> </u>	<u> </u>	<u></u> . <b>&gt;</b>	453,765			rational may restrict
_		1		-	Business Code	With the Wall			
Program Service Revenue	2a								
Rev	b	1			-				
Vice	C	<del></del>				ļ		<del></del>	<del></del>
пSe	a								
ograi	f	All other program service reven							
Ę		Total. Add lines 2a-2f							
<del></del>		Investment income (including dr			·				
	Ĭ	and other similar amounts)							·
1		Income from investment of tax-e	exempt bond	proce	eds ►				,
	5	Royalties		<u></u>	<u> ▶</u>				
	_		(ı) Real		(ii) Personal				
	ı	Gross rents					Constitution of the Consti		
•	ı	Less rental expenses						February 1	
•		Rental income or (loss)   Net rental income or (loss)					TOPPOLATE BOOK SON	NATA STATE OF THE PARTY OF THE	\$25.60 -0.00
			(i) Securitie		(II) Other	William Sandara		ue Pristed de la	
	/a	Gross amount from sales of assets other than inventory	(i) Octobrillo		(ii) Gater				
٠	ь	Less cost or other basis			-				
	_	and sales expenses							
	С	Gain or (loss) [	1						
		Net gain or (loss)		٠ ,	<u> ▶</u>	NEW TOWAR AND ADDRESS OF THE ABOVE A		E49,523 ip.86, 00 15 20M	On the same sealing registration
evenüe	8a	Gross income from fundraising				1 (3 7 ) 14 (4 )			
		events (not including \$	4 >	- 1					
Other R		of contributions reported on line See Part IV, line 18					n it		
퉏	b	Less direct expenses					St. B. William		
_		Net income or (loss) from fundr				The second secon		TO THE STATE OF THE PARTY OF TH	and the second second second
		Gross income from gaming acti	_					0.3542	#C-1000
		See Part IV, line 19		. а	ı		712406	<b>34.5</b> (5)	1
•	b	Less direct expenses		. ь [					neriya da indinanan en en e
	С	Net income or (loss) from gamil	ng activities		<u></u> . ▶				
	10a	Gross sales of inventory, less			•	and a second			
		returns and allowances			·				
		Less cost of goods sold				63.94E277.647.34.34.34			
	C	Net income or (loss) from sales	or inventory	• • •		212124212219971423 <i>2</i>	\$7.5 % CONTROL (\$1.5 %)	Andrew State of the state of th	STIME STATEMENT AND A STATE OF THE STATEMENT OF THE STATE
	11a	Miscellaneous Revenue			Business Code		ANTO ANTONIO POR MANAGEMENTO POR PARTIES ANTONIO POR PARTIES ANTONIO POR PARTIES ANTONIO POR PARTIES ANTONIO P		
	b			— }	<u> </u>	<del> </del>	<del>                                     </del>	<del>                                     </del>	
	С	<del></del>	·	_					
	d	All other revenue				<u> </u>		-	<del></del>
	е	Total. Add lines 11a-11d						THE STATE OF THE STATE OF	etricoloris en
	12_	Total revenue. See instructions	<u></u>		<u></u> ▶	453,765	0	0	0

18) Hellenic American Leadership Council
Statement of Functional Expenses

Sect	ion $501(c)(3)$ and $501(c)(4)$ organizations must complete all colu	mns All other organization	ons must complete colu	nn (A)	
	Check if Schedule O contains a response or note to a	any line in this Part IX		· · · · · · · · · · · · · · · · · · ·	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	155,000	155,000		
2	Grants and other assistance to domestic				+
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	200,000	200,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) · · · · ·				<del></del> -
7	Other salaries and wages	147,508	147,508	·	<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		00 485		
10 44	•	22,475	22,475		
11	Fees for services (non-employees)  Management				
a b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,155	6,155		
13	Office expenses	7,555			
14	Information technology	13,763	13,763		
15	Royalties	-			
16	Occupancy · · · · · · · · · · · · · · · · · · ·	46,972	46,972		
17	Travel	57,121	57,121		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,118	27,118		·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del>, , , , , , , , , , , , , , , , , , , </del>
23	Insurance	20,800	20,800		
24	Other expenses Itemize expenses not covered	1 1998 1 1 minimum a 2 1 100 1 5 a	Ada manadandiydaki ir ii i	minimizednina 7.11.1.11.11.11.11.11.11.11.11.11.11.11.	thoughture to contactuate
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				•
	(A) amount, list line 24e expenses on Schedule O)				
a	Bank Charges and Fees	4,395	4,395		· <del>-</del>
b	Payroll Fees	1,810	1,810		<del></del>
C C	Credit Card Collection Fees	8,098	8,098		<del></del>
d	Telephone Expense	3,000	3,000		
е 25	All other expenses  Total functional expenses Add lines 1 through 24e	1,914	1,914		
25 26	Joint costs. Complete this line only if the	716,129	716,129	0	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				
				i	

Form 990 (2018) 26-4103685 Hellenic American Leadership Council Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part A	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	17,427	1	25,061
ļ	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	BEN BUSE	105	The state of the s
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	2,742,015	5	3,012,015
	6	Loans and other receivables from other disqualified persons (as defined under section	LETTERS TO COME	4	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		W	
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	"这些"。这些,是一个事情的	3.00	1000 100 100 100 100 100 100 100 100 10
		other basis Complete Part VI of Schedule D   10a		12 29 K	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	1
	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	•
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,759,442	16	3,037,076
	17	Accounts payable and accrued expenses		17	5/35:75:3
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors,	1981 1887 1841 -	-3.87	20 may 16 20 10 1
Liabilities	~~	trustees, key employees, highest compensated employees, and			
ق		disqualified persons Complete Part II of Schedule L		22	San Carlotte Control of the Control
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	2,742,015	24	3,012,015
1	25	Other liabilities (including federal income tax, payables to related third	2,742,013		3,012,013
,	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,742,015	26	3,012,015
	10	Organizations that follow SFAS 117 (ASC 958), check here	XXXIII XXXIIXXII XXXIII	海系統	of control system (F)
S		complete lines 27 through 29, and lines 33 and 34.			
JČE	27	Unrestricted net assets	17,427	27	25,061
ala	28	Temporanly restricted net assets	11,421	28	23,301
d B	29	Permanently restricted net assets		29	
S	23	Organizations that do not follow SFAS 117 (ASC 958), check here	<b>全教</b> 的心态。2015年10日	Spirite and	PROPERTY OF
or F		complete lines 30 through 34.			
ţs (	30	Capital stock or trust principal, or current funds	1868 - 6 5-73% - 1 electric	30	The second secon
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ş	33	Total net assets or fund balances	17,427	33	25,061
	34	Total liabilities and net assets/fund balances	2,759,442	34	3,037,076
		rotal rabilities and het assets/fulla balances	2,133,332		1 3,331,070

Form	990 (2018) Hellenic American Leadership Council 2	<u>5-410</u>	3685		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		· · <u> </u>		<u>. 🛛 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	153,	765
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	16,	129
3	Revenue less expenses. Subtract line 2 from line 1	3		(2	62,	364)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			17,	427
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				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		(2	44,	937)
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other	_				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Ì			
	Schedule O					: ئرىد يا دو د
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u>	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Γ			
	reviewed on a separate basis, consolidated basis, or both		Ì			
	Separate basis Consolidated basis Both consolidated and separate basis				_	
b	Were the organization's financial statements audited by an independent accountant?		[	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Γ			,
	separate basis, consolidated basis, or both		1			
	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		Ĺ			,
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		Γ			·
	Schedule O					٠. ا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[_	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u> .		3b		
EEA				Form	990 (	2018)

#### **SCHEDULE A**

**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.

2018

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

Name	or the	organization					Employer Identific	ation number			
Hel	len	ic American Leadership Co	ouncil				26-41036	85			
	rt I	Reason for Public Charity		ganizations must co	omplete	this part.	) See instruction	is /			
The	orga	nization is not a private foundation bec	ause it is (For lines	1 through 12, check onl	y one box	)					
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b	)(1)(A)(ii). (Attach (	Schedule E (Form 990 o	or 990-EZ)	)					
3	Ī	A hospital or a cooperative hospital s									
4	П	•					(1)(A)(iii). Enter the				
•	_	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									
5	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5	ш	•		inversity owned or opera	ated by a g	Overninent	al dilik described in				
		section 170(b)(1)(A)(iv). (Complete			470(1:1/4)						
6	$\vdash$	A federal, state, or local government	=								
7	Ш	An organization that normally receives			vernmental	unit or from	the general public				
	<del></del>	described in section 170(b)(1)(A)(vi									
8	Ц	A community trust described in secti	•								
9	Ш	An agricultural research organization						ege			
		or university or a non-land-grant colle	ge of àgriculture (s	ee instructions) Enter th	e name∳cit	y, and state	of the college or				
		university			/_						
10	X	An organization that normally receive	s (1) more than 33	1/3% of its support from	n gőntributi	ons, membe	ership fees, and gros	s			
		receipts from activities related to its e	xempt functions 😽 s	ubject to certain excepti	óns, and (2	) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bus	siness taxable income (l	ess section	511 tax) fr	om businesses				
		acquired by the organization after Ju	ne 30, 1975 See s	ection 509(a)(2).,(Com	plete Part	III )					
11		An organization organized and opera	ited exclusively to t	est for public safety. Se	e section	509(a)(4).					
12	$\Box$	An organization organized and operat					carry out the purpos	es			
	_	of one or more publicly supported org	•	\ /							
		Check the box in lines 12a through 12	="	/ \							
	а	Type I. A supporting organization									
	_	the supported organization(s) the		,		_		· · · · g			
		supporting organization You mu		/	illy of the c	illectors of	irusices or the				
	b			· \	uth ito oune	orted area	nization(a) by bayin	•			
	D		,	,	•						
		control or management of the sup	,		ersons that o	control or in	ranage the supporte	<b>a</b>			
		organization(s) You must comp	/								
	С	Type III functionally integrated			•			with,			
		its supported organization(s) (see	,	•							
	d	☐ Type III non-functionally integr	/			1					
		that is not functionally integrated	The organization g	enerally must satisfy a d	istribution i	.egdniseweu	t and an attentivenes	s			
		requirement (see instructions) X				•					
	е	☐ Check this box if the organization				a Type I, T	ype II, Type III				
		functionally integrated, or Type III	I non-functionally in	tegrated supporting org	anızatıon	\		<u>,</u>			
	f	Enter the number of supported organ	ızatıons				.\				
	g	Provide the following information about	ut the supported or	ganization(s)							
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10	listed in you		support (see	other support (see			
				above (see instructions))	docum	ent?	instructions)	instructions)			
					Yes	No	\				
(A)							\				
				· · · ·							
(B)							,				
								<del>\</del>			
(C)											
					<del> </del>			_			
(D)	,	/						\			
	-/				<b></b>		<del></del>	<del></del>			
(E)	/							۱ , ۱			
					<del> </del>						

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities fumished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			'			
	supported organization) included on						
	line 1 that exceeds 2% of the amount				-		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			· · · · · ·	· · · · · · · · · · · · · · · · · · ·	т	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·	<u> </u>	irth, or fifth tax yea	ar as a section 501(	c)(3)	▶□
	tion C. Computation of Public Su					T . T	
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched					L	%
16a	33 1/3% support test - 2018. If the organiz						. $\Box$
L	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organization and other harm The organization						. $\Box$
470	this box and stop here. The organization q						▶ ⊔
17a	10% or more and if the argentation most						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "faci		_	•			. □
ь	organization						▶ ⊔
J						ımıe	
	15 is 10% or more, and if the organization in Explain in Part VI how the organization mee				•	alv.	
	supported organization			•	•	•	, m
18	Private foundation. If the organization did						· · · · · • ⊔
							<b>,</b> $\sqcap$
	instructions	· · · · · · · · · ·	· · · · · · · · · ·	<u> </u>		<del></del>	<u></u> ▶ Ц

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	88,989	222,311	229,386	224,131	453,765	1,218,582
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	88,989	222,311	229,386	224,131	453,765	1,218,582
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			,		•	1,218,582
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	88,989	222,311	229,386	224,131	453,765	1,218,582
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	88,989	222,311	229,386	224,131	453,765	1,218,582
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	econd, third, fourth	h, or fifth tax year a	as a section 501(c	)(3)	▶ □
Sec	ction C. Computation of Public Su	pport Percent	age				<u></u>
15		***		)		15	100.00 %
16	Public support percentage from 2017 Schedu	ile A, Part III, line 1	5	<u>_,</u>		16	100.00 %
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line	e 10c, column (f), d	ivided by line 13, o	column (f))		17	0.00 %
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
	33 1/3% support tests - 2017. If the organiline 18 is not more than 33 1/3%, check this	zation did not check box and stop here	c a box on line 14 or. The organization	or line 19a, and line qualifies as a pub	e 16 is more than dicly supported org	33 1/3%, and ganization	· · · · ▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	s	▶ <u>L</u>

Part IV Supporting

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.)

ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			Ì
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			لــــا
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
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).	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.	3a		
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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			······································
-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	74		
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	,		
	despite being controlled or supervised by or in connection with its supported organizations	4b	*****	
С	Did the organization support any foreign supported organization that does not have an IRS determination	75		1
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	·	
52	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	ĺ (		Ì
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	* ,		į
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	 5a		
<b>L</b>	was accomplished (such as by amendment to the organizing document)	- Da		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		نــا
_	designated in the organization's organizing document?	5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 5C		
6	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.	6	-	<del></del> ,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			ئـــــــــــــــــــــــــــــــــــــ
•	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ì
	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 <b>Part VI</b> .	9a		
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.	9b		
Ç	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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1	•	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	-	-Managed A	
	determine whether the organization had excess business holdings )	10b		

	ule A (Form 990 or 990-EZ) 2018 Hellenic American Leadership Council 26-4103	685	F	age
Pa	t IV Supporting Organizations (continued)		T	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	: 1	•	22
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	<b> </b>	
	A family member of a person described in (a) above?	11b	-	<u> </u>
	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	L	L
Sec	tion B. Type I Supporting Organizations		Tv	
_		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	, '	,	] `
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,	٠.	
	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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u></u> -
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
_		, .		١. ٔ
2	Did the organization operate for the benefit of any supported organization other than the supported			م ريا
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	•	ļ.·	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<b></b>
	supervised, or controlled the supporting organization.	2_	<u></u>	<u> </u>
Sec	tion C. Type II Supporting Organizations		Tv	NI.
4	VA/orgon management of the agreement and adjunctions of the device of the device of the discrete		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	`.		1 :
	or management of the supporting organization was vested in the same persons that controlled or managed		·	
800	the supported organization(s) tion D. All Type III Supporting Organizations	1	<u> </u>	
360	tion B. Air Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	140
٠	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	,	١.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	.ax	_	'
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		<u>                                   </u>	<del>                                     </del>	
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	v <u> </u>		- 1
	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	1 -		
	supported organizations played in this regard	3	-	<del></del>
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	Ц
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (so	e instruc	tions	1
а	☐ The organization satisfied the Activities Test Complete line 2 below.		,	
b	The state of the s			
С	The organization supported a governmental entitly Describe in Part VI how you supported a government en	ntitv (see ii	nstruc	tions
2	Activities Test. Answer (a) and (b) below.	¥ 1===	Yes	_
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	}	,	ŧ
	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.		1	
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		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
			1 — — —	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
. instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	ns A through E.
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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		<del>-</del> -	
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
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		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	† †	· ,	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		1	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		•
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	*	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\dashv$		
emergency temporary reduction (see instructions)	6	,	
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	g organization (see
instructions).	3.	· <b>A.</b> B	

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Par	t∜V⊛ . Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	<u> </u>					
Sec	Current Year								
1									
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions						
4	Amounts paid to acquire exempt-use assets								
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								
8	Distributions to attentive supported organizations to which the	e organization is respons	sive						
	(provide details in Part VI). See instructions								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018		et .						
,	(reasonable cause required - explain in Part VI) See		,						
	instructions		•						
3	Excess distributions carryover, if any, to 2018								
a	From 2013	NAME OF THE PARTY	arterer en						
b	From 2014								
С	From 2015		Manufacture.						
	From 2016	SARE MARKET TO	WARREST WATER	<b>新春华</b> 福德高多沙特福州					
е	From 2017								
f	Total of lines 3a through e			於其中學學學是他們與於					
	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount	STATE OF THE STATE	<b>经生活的工程的</b>						
	Carryover from 2013 not applied (see instructions)								
	Remainder Subtract lines 3g, 3h, and 3i from 3f		est part of a large	THE WAS IN THE					
4	Distributions for 2018 from		NATE OF STREET	Walter Service Property of the					
	Section D, line 7 \$								
·a	Applied to underdistributions of prior years	\$444.6900.6900.0000.0000.0000.0000.0000.0	,	PATER BUT					
	Applied to 2018 distributable amount			-					
· c	Remainder Subtract lines 4a and 4b from 4		APPROXIMATE CO	<b>推翻器的法数</b> 多数					
- 5	Remaining underdistributions for years prior to 2018, if								
•	any. Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI. See instructions								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI See instructions.								
7	Excess distributions carryover to 2019. Add lines 3	derive of design course of second states and country states. Account of	1001040425						
	and 4c								
8	Breakdown of line 7	Training Management in Stanford	The state of the s	design transfers amount to make a some transfer amount					
а	Excess from 2014			The Control of the Control					
	Excess from 2015	The second discussion of the second s							
	Excess from 2016	200000000000000000000000000000000000000	NO THE PERSON						
	Excess from 2017	ALL CONTRACTOR OF SAME AND ADDRESS OF SAME AND	The state of the s						
	Excess from 2018		THE STATE OF THE S						

Part VI .	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
•	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	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.)
<del></del>	
	P

#### **SCHEDULE L**

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Open To Publ

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open To Public Inspection

Name of the organization							Employ	er ident	ufication	numbe	er		
Hellenic American Le	adership Co	uncil					26-4	1036	85				
Part I Excess Benefi													
Complete if the	organization a	inswered "Yes"	on Fo	rm 990,	<u>Part IV, lı</u>	ne 25a c	or 25b, or Form	990-E	EZ, <u>P</u> a	art V,	line 4	0b.	
1 (a) Name of disqualified per	son	(b) Relationship bet		-	on and		(c) Description (	of transa	ction			(d) Correcte	
		0	rganızatıoı	n 								Yes	No
(4)													
(1)						<u> </u>							
(2)													
_\41												<u> </u>	
(3)												:	
2 Enter the amount of tax in	curred by the org	janization manag	ers or d	squalified	persons o	lunng the	year						
under section 4958									▶ \$				
3 Enter the amount of tax, if	any, on line 2, at	oove, reimbursed	by the c	organizati	on				▶ \$				
<b>D</b> (1)													
Part II Loans to and/o				000 [	-7 Dadl	/ luna 20	000	D-4	IV Los	- 20.	6 4	L .	
Complete if the organization re							a or Form 990,	Раπ	ıv, ıın	e 26;	or ir t	ne	
	·	T	Ė	<del></del>	I			1				Γ	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	1 1-,	oan to or m the	(e) Ori principal a	· [	(f) Balance due	(g) in c	lefault?	(h) Ap	proved ard or	(i) Wr agreer	
		ioan	organ	nization?	J					-	uttee?	3,00	
		İ	То	From		-		Yes	No	Yes	No	Yes	No
		Funding											
(1) Nikos Mouyiaris	Director	Expenses		X	72	22,015	3,012,015		Х	X		Х	
	1												
(2)	<del>-</del>		-										
(3)													
(3)	<del>                                     </del>	<del> </del>	<del> </del>	<del>-</del>									
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Total						. ▶ \$	3,012,015						
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Complete if the	e organization	answered "Yes	" on Fo	orm 990,	Part IV,	line 27							
(a) Name of interested person	(b) Relations	ship between interested	d (c	) Amount of	assistance	(d)	Type of assistance		(6)	) Purpos	e of ass	istance	
<del></del>	person a	and the organization											
(1)													
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Part IV	Business Transactions Involv Complete if the organization and	ing Interested Persons swered "Yes" on Form 99	00. Part IV. line 28a.	28b. or 28c		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reveni	ation's ues?
		<del></del>			Yes	No
(1)						
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(5) Part V	Supplemental Information.					
	Provide additional information fo	r responses to questions	on Schedule L (see	instructions)		
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### 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.

OMB No 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Hellenic American Leadership Council 26-4103685 01. General explanation attachment THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE PUBLIC EDUCATION AND ADVOCACY EFFORTS FOR ISSUES OF INTEREST TO GREEK AMERICANS AND WORLDWIDE HELLENISM. PUBLIC EDUCATION EFFORTS ARE CENTERED AROUND THE FOLLOWING: (A) A NEWS AGGREGATOR SITE FOR PUBLIC TO BE EDUCATED ABOPUT NEWS CONCERNING GREECE, THE GREEK DIASPORA, AND REGIONAL DEVELOPMENTS RELEVANT TO WORLWIDE HELLENISM; (B) A BLOG, FACEBOOK SITE, AND TWITTER FEED; (C) A LECTURE SERIES; AND (D) A LEADERSHIP TRAINING CURRICULUM. ADVOCACY EFFORTS CONSIST OF ORGANIZING MEMBERS TO CORRESPOND AND/OR MEET WITH ELECTED OFFICIALS, MEDIA AND OTHER CIVIC LEADERS ABOUT ISSUES OF CONCERN TO GREEK AMERICANS.