990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

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

Internal Revenue Service

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

Open to Public Inspection

A	For the 2018 calendar year, or tax year beginning , 2018, and ending								, 20						
В	Check	ıf ap	plicable	C Name of org	ganization HeL	lenic Amer	can	Leadersh	1p C	ounc	11				D Employer identification no
X	Addre	ss ch	ange	Doing busin	ness as										26-4103685
\Box	Name	chan	ige	Number and	d street (or PO bo	x if mail is not deliv	ered to str	eet address)				Room	/suite		E Telephone number
	Initial r	returr	- 1	22 W V	Washingto	n Suite 1	500					-			(312) 283-8615
	Final r	eturn	/terminated			, country, and ZIP of		ostal code			-			\Box	G Gross receipts
ñ	Ameno	ded r	etum	· '	go, IL 60	-								ı	\$ 453,765
			pending		address of principa							Hía	l) Is this a nimur	relum fe	or subordinates? Yes X No
	. фрс.		, c								1	1 ') Are all sub		
	Tay-ay	emni	status	501(c)(3)	501(c) (4) (insert no)	П	4947(a)(1) or	П	27	ا لا	— ```	•		a list (see instructions)
			► N/A	<u> </u>	23) 301(c) (🛥) 4 (inserting)		4541 (d)(<u>1) 01</u>			77	Н(с) Group exe		
			<u></u>	Corporation	Trust Ass	sociation Oth	ner ►		Т.	Voor o	of formation	1,40	1		al domicile IL
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ĭţ	5					calendar year	2018 (P	art V, line 2a)		띴.			: S.	5	3
Act	ε				s (estimate if r	• •		• • • • • •	• • • •	띩.	· AUG ·1	·3 20	19 · - 웃-	6	
						Part VIII, colum	• •		• • •	۲Ŀ		• • • •]≝¦	7a	0
	\perp	b I	Net unrelated	d business ta	xable income	from Form 990	-T, line 3	38	<u>· · · · </u>	• • •	OGDE	N I	 T 	7b	0
									ł		0001	-17,	Prior Year		Current Year
	8	B Contributions and grants (Part VIII, line 1h)										,13	1 453,765		
Revenue	9) (Program ser	vice revenue	(Part VIII, line	2g) · · · ·		• • • • •							0
Ş.	10	0	Investment ir	ncome (Part \	VIII, column (A	A), lines 3, 4, ar	nd 7d)	• • • • • •							0
ಹಿ	11	1 (Other revenu	ue (Part VIII, d	column (A), lin	es 5, 6d, 8c, 9	c, 10c, a	nd 11e) ·							0
	12	2	Total revenue	e - add lines 8	8 through 11 (r	must equal Par	t VIII, co	lumn (A), line	12)	• •			224	,13	1 453,765
	13	3 (Grants and s	sımılar amoun	nts paid (Part I	X, column (A),	lines 1-3	3)							155,000
	14	4	Benefits paid to or for members (Part IX, column (A), line 4)									0			
ω.	15	5 :	Salaries, oth	er compensa	ition, employee	e benefits (Part	IX, colu	mn (A), lines	5-10)	•			362	,61	369,983
Expenses	16	6a l	Professional	fundraising for	ees (Part IX, c	olumn (A), line	11e)								0
ben		b ·	Total fundras	sing expense	s (Part IX, coli	umn (D), line 2	5) ► _				0				
ű	17	7 (Other expens	ses (Part IX,	column (A), lin	ies 11a-11d, 11	f-24e)						206	, 08:	191,146
	18	B -	Total expens	es Add lines	s 13-17 (must	equal Part IX, o	olumn (A), line 25)					568	70	716,129
٠.	19	9 1	Revenue les	s expenses	Subtract line 1	8 from line 12							(344	,56	9) (262,364)
• 5	Sa											Beginni	ng of Curren	t Year	End of Year
o sièssy	Ē 20	D -	Total assets	(Part X, line 1	16)								2,759	,44:	2 3,037,076
A S	21	1 .	Total liabilitie	s (Part X, line	e 26) · · ·								2,742	,01	3,012,015
Net A	Ē 22	2 1	Net assets o	r fund balanc	es Subtract l	ine 21 from line	20 -							,42	
	irt II	Т	Signatu	re Block											
ıUnd	er pen	alties				n, including accom						nowledge	and belief, it	ıs	-
ftrue	corre	ct, an	id complete Dec	claration of prepa	arer (other than off	icer) is based on al	informatio	on of which prepai	rer has a	ny know	/ledge				
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<u></u>			Print/Type pre	narer's name		Preparet Signat	<u> </u>			Date			Check	T _a	PTIN
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	par	er		Sarantos •	NIK E					<u> </u>	2019	Eirm's	EIN P		P01336414
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1/101	the !!	DC -	discuss this :	rotumth 4L		IL 60646	o inctri	ctions)					8	4/-3	324-4848 · · · ☑ Yes ☑ No
		_				own above? (se parate instruct		cuons) ·	• • •	· · · ·		<u> </u>	· · · · ·	• • •	
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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		M 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	\$	'
	See Attached		
			
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			·
			
			
	Other program convece (Decerbo in Schedule C.)		
-1 U	Other program services (Describe in Schedule O)	,	
-	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 716,129		

Part IV

Checklist of Required Schedules

6-4103685

			Van	N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Yes	X
•	complete Schedule A	2	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			₹.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ł	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ	ļ	,
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ŀ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u></u>	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	}	1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			Ì
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		<u>X</u>
¢	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		X
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		X
е	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			İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	İ		}
	"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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		1
	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		X
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	<u></u>	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		Х
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
EE 4	· · · · · · · · · · · · · · · · · · ·		/-	

L	tre Checking of Reduined Consumacy			-
00	Did the assessment assess than \$5,000 of growth as other acceptance to as for demands industrials an	<u></u>	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			ĺ
	to defease any tax-exempt bonds?	24c		L
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	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,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	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,			ĺ
а	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		$\stackrel{\wedge}{\vdash}$
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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,	[İ
	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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
30	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		v
Part		30	· · · · · ·	X
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chock is deficable to definating a response of flote to any line in this rait v	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			140
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			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

			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	36.		Mai d
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 2 3
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.	สมาร์
	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		**************************************	
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		'	_ _
	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

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Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 1	7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O See instructions	3		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		<u> </u>	<u>. 🔲 </u>
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 0	ł	, ,	1
	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				']
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		_2		<u>X</u>
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 person? .		_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	'	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	_	X
6	Did the organization have members or stockholders?		6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_		3.7
	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,				3.5
_	stockholders, or persons other than the governing body?		7b	d	<u>X</u>
.8	Did the organization contemporaneously document the meetings held or written actions undertaken during			,	'
	the year by the following			~~··	
a	The governing body?		8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?		OD		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			Λ	
	tel Di T Onordo (Tino decision d'requesta information about porioda not required by the internat revenue de			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a		the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7 3		
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	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			•	. (
	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	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			t	Ì
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				<u>. </u>
	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		,,	•	
	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		
	tion C. Disclosure	· · · · - · - · · · · · · · · · · · · ·			
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 (Se	ection 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
4.5	Own website				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st policy, and			
00	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 record				
	Endy Zemenides (312)283-8615, 233 S Wacker Suite 8400, Chicago, IL 6060	76			

Form	990	(2018)	

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 X \mathbf{X} X 0 0 (2) George Tsunis X 0 n Vice- Chairman (3) Alexi Giannoulias Х n 0 Chairman (4) Ted Diamantis Х 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)

Page 8

Name and title	(B) Average hours per week (list any hours for related organizations	box, u	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee Officer Officer or director or director					(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
	below dotted line)	ustee	trustee		/ee	npensated				organizations
(15)										
(16)										
(17)					1					
(18)										
(19)										
(20)										
(21)										
(22)								···-		
(23)								 		
(24)										
(25)										
1b Sub-total	n A · ·						>	0	0	0
2 Total number of individuals (including but not limited				_			re th			<u> </u>
reportable compensation from the organization									0	Yes No
3 Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J f					-			sated		3 X
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$										
individual										4 X
for services rendered to the organization? If "Yes," ∞ Section B. Independent Contractors	•		•			-				5 X
Complete this table for your five highest compensate compensation from the organization Report compensation year.	· ·									
(A)								(B)		(C)
Name and business address								Description of s	services	Compensation
Total number of independent contractors (including be received more than \$100,000 of compensation from			e lisi	ted a	bov	e) who)		-	

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 Marie Co.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated campaigns	ì	1a					
Gran	b	Membership dues	ŗ	1b	453,765				
r An	C	Fundraising events	• • • • •	1c 1d					
mila mila	u	Related organizations Government grants (contributions)	ne)	1e					Fb 375 3767
ions r Si	f	All other contributions, gifts, gr		10					
Contributions, Grits, Grants and Other Similar Amounts	·	and similar amounts not includ		1f					
ontr nd (g	Noncash contributions included			·				
	h	TotalAdd lines_1a-1f	<u> </u>	<u></u>	<u></u> . >	453,765			rational may restrict
_		1			Business Code	With the same of t			
Program Service Revenue	2a	<u> </u>							
Rev	þ								
Vice	C					ļ			
пSe	a								
ograi	f	All other program service reven	nue	_					
ď.		Total. Add lines 2a-2f							120110011001100110011001100110011001100
		Investment income (including di			· · · · · · · · · · · · · · · · · · ·				
		and other similar amounts) .							·
1		Income from investment of tax-e	exempt bond	proce	eds►				,
	5	Royalties		• • •	<u></u> . ▶	4004			
	_		(ı) Real		(ii) Personal				
		Gross rents					Constitution of the Consti		
		Less rental expenses						February 1	
•		Rental income or (loss) Net rental income or (loss)	<u> </u>				TOPPOLATE BOOK SON	NATA STATE OF THE PARTY OF THE	\$25.60 -0.00
			(i) Securitie		(II) Other	Willen Salaton		ue Pristed de la la la la la la la la la la la la la	
	/a	Gross amount from sales of assets other than inventory	(i) occurre		(ii) Gater				
٠	ь	Less cost or other basis			-				
	_	and sales expenses			•				
		Gain or (loss)							
,		Net gain or (loss)	• • • • • • • • • • • • • • • • • • • •	٠ _ا	<u> ▶</u>	SEK. 7000KI ANE JOANS, TOTANSE	. Per pre su gostativa si a loveloo	E-6-92-070-19-19-6-07-1-2-0-8	ou de la oceanida de centrala
evenue	8a	Gross income from fundraising				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		events (not including \$. 4-1	- 1					
Other R		of contributions reported on line See Part IV, line 18							
퉏	ь	Less direct expenses							
		Net income or (loss) from fundr				The Committee of Market of Market	222	AND THE PERSON OF PARTY OF THE PERSON OF THE	Ministrat university in tempth schools of
		Gross income from gaming acti	_				227	Table 1	
		See Part IV, line 19		. а	,				
•	þ	Less direct expenses		. ь					and representative and a
	С	Net income or (loss) from gamil	ng activities	٠.,					
	10a	Gross sales of inventory, less			,				
		returns and allowances							
		Less cost of goods sold							
		Net income or (loss) from sales Miscellaneous Revenue	or inventory	• •	Business Code				STIME SEXTENSION OF
	11a	wiiscellarieous kevenue			Prisidess Code		andricana and and and and		der a fordette et fordet f Fordet fordet for
	b			— I		 			
	С			—					
	d	All other revenue							
	е	Total. Add lines 11a-11d		'				THE COMPANY OF THE CO	**************************************
	12	Total revenue. See instructions	<u> </u>		. ▶	453,765	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 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 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 200,000 200,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 147,508 Other salaries and wages 147,508 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 22,475 22,475 11 Fees for services (non-employees) С Lobbying Professional fundraising services See Part IV, line 17 е Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 6,155 6,155 13 Office expenses 14 Information technology 13,763 13,763 15 16 46,972 46,972 17 57,121 57,121 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 27,118 Conferences, conventions, and meetings 27,118 20 21 22 Depreciation, depletion, and amortization 23 20,800 20,800 24 Other expenses Itemize expenses not covered 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) Bank Charges and Fees 4,395 4,395 b Payroll Fees 1,810 1,810 8,098 8,098 c Credit Card Collection Fees 3,000 Telephone Expense 3,000 e All other expenses 1,914 1,914 25 Total functional expenses Add lines 1 through 24e 0 716,129 716,129 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

If

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	17,427	1	25,061
	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,		128	
		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	LETTER ASSETS		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary		1	
		organizations (see instructions). Complete Part II of Schedule L $\cdots\cdots\cdots\cdots\cdots\cdots$		6	
Ω	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a		157	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	<u></u>
	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	
	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	N F & 3 , K S N m n , N / 1	21	· · · · · · · · · · · · · · · · · · ·
ies	22	Loans and other payables to current and former officers, directors,		2 N	
bilit		trustees, key employees, highest compensated employees, and		**************************************	
Liabilities	,	disqualified persons Complete Part II of Schedule L		22	
	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
,	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	
	26	of Schedule D	0.540.015	25 26	2 212 215
	26	Total liabilities. Add lines 17 through 25	2,742,015	20 % of \$25	3,012,015
ø		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	17 407	27	2F 0C1
ala	28	Temporanly restricted net assets	17,427	28	25,061
9 9	29	Permanently restricted net assets		29	
Ë	23	Organizations that do not follow SFAS 117 (ASC 958), check here	destribilità de la company de la company de la company de la company de la company de la company de la company	Straig 35	androsed in the co
or Fund Balances		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	1500 C 1700 30	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	17,427	33	25.061
	34	Total liabilities and net assets/fund balances	2,759,442	34	25,061
		Total industries drie fiet deserte full balances	2,109,442		3,037,076

Form	1990 (2018) Hellenic American Leadership Council 2	<u>5-410</u>	<u>3685</u>		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53,	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					<u>.</u>
	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		Г			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		}	1		\
	Schedule O					
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			\neg		
	reviewed on a separate basis, consolidated basis, or both		}	1		!
	☐ 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					
	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		İ			;
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		`			,
	Schedule O					
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		х
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			3b		
EEA					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	e or the	e organization					Employer Identific	sation number
Hel	.len	ic American Leadership Co	ouncil				26-41036	85
	irt I	Reason for Public Charity		ganizations must c	omplete	this part.) See instruction	ns /
The	orga	nization is not a private foundation bec	ause it is (For lines	1 through 12, check on	ly 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	Ĭ	A hospital or a cooperative hospital s						
4	ñ	A medical research organization ope					(1)(A)(iii). Enter the	
•		hospital's name, city, and state	rated in conjunction	ii wikii a noopika accomo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(1)(11)(11)(11)	
5	П	An organization operated for the bene	ofit of a college or u	niversity owned or oper	ated by a c	overnment	al unit described in	
3	ш	•		inversity owned or open	aled by a g	joverninent	ai dilit described iii	
		section 170(b)(1)(A)(iv). Complete			470/6\/4\	(
6	H	A federal, state, or local government	=				, - 45	
7	Ш	An organization that normally receive			vernmentai	unit or fron	n the general public	
_	г	described in section 170(b)(1)(A)(vi						
8	님	A community trust described in secti	•			/		
9	An agricultural research organization described in section 170(b)(1)(A)(lx) 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							ege
			ge of agriculture (s	ee instructions) Enter th	ie name∦cii	ty, and state	e of the college or	
	_	university			_/_			
10	X	An organization that normally receive						SS
		receipts from activities related to its e						
		support from gross investment income					om businesses	
	_	acquired by the organization after Ju	ne 30, 1975 See s	e ction 509(a)(2). (Com	plete Part	III)		
11	\sqcup	An organization organized and opera	ited exclusively to t	est för public safety. Se	e section	509(a)(4).		
12		An organization organized and operate	ted exclusively for t	he benefit of to perform	the functio	ns of, or to	carry out the purpos	es
		of one or more publicly supported or	ganizations describ	ed in sectión 509(a)(1)	or sectio i	n 509(a)(2)	See section 509(a	1)(3).
		Check the box in lines 12a through 12	2d that describes the	e type of supporting org	anization a	nd complet	e lines 12e, 12f, and	12g
	а	Type I. A supporting organization	n operated, supervi	ised, or controlled by its	supported	organizati	on(s), typically by gi	ving
		the supported organization(s) the	power to regularly	appoint or elect a majo	rity of the o	lirectors or	trustees of the	
		supporting organization You mu						
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection w	th its supp	orted orga	nization(s), by havin	ıg
		control or management of the sup	,	· · · · · · · · · · · · · · · · · · ·	•			
		organization(s) You must comp	,		1			
	С	Type III functionally integrated	,		nnection w	ith, and fur	ctionally integrated	with.
		its supported organization(s) (se			•			•
	d	Type III non-functionally integr	,	•				tion(s)
	_	that is not functionally integrated	/			1		
		requirement (see instructions) Y	, , ,	•		.1	t and an attended	
	е	Check this box if the organization				•	Type II Type III	
	·	functionally integrated, or Type II				a Type I, I	ype II, Type III	
	f	Enter the number of supported organ				\	\	["
	-	Provide the following information abo						
	<u>g</u>	i) Name of supported organization		- 	//		(v) Amount of monetary	(vi) Amount of
	,	n) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	-	support (see	other support (see
				above (see instructions))	docum		instructions)	instructions)
					\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	l Na		
					Yes	No		
(A)							\	
		- 			 			
(B)							/	
_					1			<u> </u>
(C)					1			\
		_/			 		· · · · · · · · · · · · · · · · · · ·	
(D)		/						\
	_/	,			ļ			
(E)								\ ,
·- <i>,</i> /	<u></u>				<u> </u>	<u> </u>		
T-4-			1		1			i \

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) Section A Public Support

<u> </u>	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 furnished 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			<u> </u>			<u> </u>
	tion B. Total Support	F	T	1	T		T .= - : .
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
	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	see instructions)				12	L
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, fou	ırth, or fifth tax yea	ar as a section 501(▶□
Sec	tion C. Computation of Public Su	pport Percent	tage		•		
14	Public support percentage for 2018 (line 6, o	column (f) divided t	y line 11, column	(f))		14	%
15	Public support percentage from 2017 Sched	lule A, Part II, line	14	· · · · · · · · ·		15	%
16a	33 1/3% support test - 2018. If the organiz					eck this	
	box and stop here. The organization qualif	fies as a publicly s	upported organiza	tion			▶ 🔲
b	33 1/3% support test - 2017. If the organiz	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization q	jualifies as a public	cly supported orga	nization			▶ 🔲
17a	10%-facts-and-circumstances test - 2018	B. If the organization	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-cir	cumstances" test,	check this box an	d stop here. Expla	in in	
	Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The orga	nization qualifies a	s a publicly support	ed	_
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2013					line	
	15 is 10% or more, and if the organization i				•		
	Explain in Part VI how the organization mee			-		-	
							▶ 🔲
18	Private foundation. If the organization did						_
	instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
CEA							

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 Part VI 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 Part VI how the organization had such control and discretion	,		
	despite being controlled or supervised by or in connection with its supported organizations	4b	*****	لسبب
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 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)			
		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 Part VI , 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		
L	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	-	 ,
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	<u> </u>		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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	\$	•	
	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	 	
	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,			
	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>	 	
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	-	
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			<u> </u>
			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		- -	
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)
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.	· > 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	

ched	ule A (Form 990 or 990-EZ) 2018 Hellenic American Leaders		26-41	03685 Page 7
Рa	rttV: Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	r
Sed	Current Year			
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
3				
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 respon	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			
		(i)	(ii)	(iii)
,	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Particle White Sta		
2	Underdistributions, if any, for years prior to 2018		æ ,	
•	(reasonable cause required - explain in Part VI) See		`	
	instructions		•	
	Excess distributions carryover, if any, to 2018			
a	From 2013	是不可以如此证明	in the contract of the contrac	
	From 2014			
	From 2015			
	From 2016	学研究 30年的设备现象	WARREST WAY	有各种政治主义的关系
	From 2017			
	Total of lines 3a through e			美国生产的
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount	STATE OF THE STATE		
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4				
	Section D, line 7 \$			And Anticonstitution of the control
	Applied to underdistributions of prior years	STATE SHOWS AND	,	
	Applied to 2018 distributable amount			-
C	Remainder Subtract lines 4a and 4b from 4			
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	46, 33, 476, 46, 46, 46, 46, 46, 46, 46, 46, 46, 4		
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	20 4 7 6 5 6 7 4 4 V		
	Part VI See instructions.			North a broaden and or a broaden by the second of the seco
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	The state of the s		
8	Breakdown of line 7	and the first tendings, ministration in 10,000.	The state of the s	design and the second s
	Excess from 2014	Part and the second of the second		
	Excess from 2015			Karaati ta kutuk
C	Excess from 2016			医 管理解决定的现在分词

d Excess from 2017 e Excess from 2018

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.)
	
	P

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ 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.

OMB No 1545-0047

Employer identification number

2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Helleni	c American Lea							26-4							
Part I	Excess Benefit														
	Complete if the	organization a	nswered "Yes"	on Fo	rm 990, f	Part IV, li	ne 25a c	or 25b, or Form	990-E	Z, <u>P</u> a	art V, I	ine 4			
1 (a) Name of disqualified person		on	(b) Relationship between disqualified person and				(c) Description o	f transact	ion		(d) Corrected?				
				rganızatıo	en .								Yes	No	
(1)															
<u> </u>															
(2)													-		
(3)															
	r the amount of tax inc		-												
	er section 4958									▶ \$					
3 Ente	r the amount of tax, if	any, on line 2, ab	ove, reimbursed	by the o	organizatio	on		• • • • • • • •		▶ \$					
Part II	Loans to and/o	r From Interes	sted Persons												
raitii	Complete if the				rm 990-E	Z. Part \	/, line 38	a or Form 990.	Part I	V. lin	e 26:	or ıf t	he		
	organization rep									•	•				
(a) Nam	e of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Orı	ginal			fault?	(h) App	roved	roved (i) Writter		
(4) / (4)	o or microstoc porcorr	with organization	ation loan		from the principal amou		- 1			,_,		by board or		agreement?	
				orgai	nization?						commi	ttee?			
				То	From				Yes	No	Yes	No	Yes	No	
445			Funding	Ì	,_]				\ ,		١ ,,		
(1) N1k	os Mouyiaris	Director	Expenses		X	72	22,015	3,012,015		<u>X</u> _	X		X	ļ	
(2)							ŀ								
\ - /															
(3)				l											
	<u></u>														
(4)				ļ											
(E)															
(5) Total		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>. </u>			<u> </u>	3,012,015							
Part III	Grants or Ass	istance Benef	iting Intereste	ed Per	sons.	<u></u>	· · · ·	3,012,013	-				l		
	Complete if the		_			Part IV,	line 27								
(a) Na	me of interested person	(b) Relations	hip between interested	d (4	c) Amount of	assistance	(d)	Type of assistance		(e)	Purpos	e of ass	istance		
		person a	nd the organization												
(4)															
(1)		-		+-	-		 								
(2)															
(3)															
(4)		-					 								

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 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.