



# Entry 1 School Information and Cover Page

## (New schools that were not open for instruction for the 2018-19 school year are not required to complete or submit an annual report this year).

Created: 07/12/2019 • Last updated: 07/15/2019

---

Please be advised that you will need to complete this cover page (including signatures) before all of the other tasks assigned to you by your authorizer are visible on your task page. While completing this cover page task, please ensure that you select the correct authorizer **(as of June 30, 2019)** or you may not be assigned the correct tasks.

### BASIC INFORMATION

**a. SCHOOL NAME** HELLENIC CLASSICAL CHARTER SCHOOL

(Select name from the drop down menu)

**a1. Popular School Name** (No response)  
**(Optional)**

**b. CHARTER AUTHORIZER (As of June 30th, 2019)** NYCDOE-Authorized Charter School

Please select the correct authorizer as of June 30, 2019 or you may not be assigned the correct tasks.

**c. DISTRICT / CSD OF LOCATION** NYC CSD 15

**d. DATE OF INITIAL CHARTER** 02/2005

**e. DATE FIRST OPENED FOR INSTRUCTION** 09/2005

**f. APPROVED SCHOOL MISSION (Regents, NYCDOE, and Buffalo BOE authorized schools only)**

MISSION STATEMENT

The Hellenic Classical Charter School will provide a diverse student body with a rigorous education in a dynamic environment. Using a standards-based curriculum, enriched with the Greek and Latin languages, and the classics woven throughout, students will engage in dialogue using the Socratic method to become critical thinkers. Students will become college and career ready and well-prepared to succeed and contribute to the global community as responsible citizens.

**g. KEY DESIGN ELEMENTS (Regents, NYCDOE, and Buffalo BOE authorized schools only)**

KEY DESIGN ELEMENTS (Brief heading followed by a description of each Key Design Elements (KDE). KDEs are those general aspects of the school that are innovative or unique to the school’s mission and goals, are core to the school’s overall design, and are critical to its success. The design elements may include a specific content area focus; unique student populations to be served; specific educational programs or pedagogical approaches; unique calendar, schedule, or configurations of students and staff; and/or innovative organizational structures and systems.

Variable 1	1. A rigorous classical education that is rich in challenging content - HCCS provides rigorous instruction in a classical education model that uses standards-based curriculum, didactic instruction, coaching, and intensive academic support. HCCS blends the Paideia Model for instruction that mixes the rigors of a classical education with inclusive teaching and learning with the workshop model, which is based on Howard Gardner’s theory of multiple intelligences and Benjamin Bloom’s work regarding strategies to help students engage in the highest levels of thinking—i.e. analysis, synthesis and evaluation.
Variable 2	2. Supplementing instruction with classical study of the Greek and Latin languages, as well as history, art and other cultural and classical studies - The Greek instruction program, which includes acquisition of the Greek language and the study of Greek history and culture within a rigorous academic model that includes the standards-based curriculum, provides students with unique and outstanding educational experiences that support their growth and improve their competitiveness in the global economy. The alignment of the Greek program curriculum with the ELA curriculum ensures that the reading, writing and language arts instruction in English and in Greek are complimentary.
Variable 3	3. Preparing students for long-term academic success - HCCS focuses on the mission of college and career readiness for our students by helping them build habits of mind necessary for long-term academic success. We help our students and

	families understand the high school admissions process, as well as college preparation, and other practices that support them in preparing for, selecting and applying for entrance into high quality high schools. Following is a summary of progress in each of the three essential questions that comprise the framework.
Variable 4	(No response)
Variable 5	(No response)
Variable 6	(No response)
Variable 7	(No response)
Variable 8	(No response)
Variable 9	(No response)
Variable 10	(No response)

**Need additional space for variables** No

**h. SCHOOL WEB ADDRESS (URL)** [www.hccs-nys.org](http://www.hccs-nys.org)

**i. TOTAL MAX APPROVED ENROLLMENT FOR THE 2018-19 SCHOOL YEAR (exclude Pre-K program enrollment)** 480

**j. TOTAL STUDENT ENROLLMENT ON JUNE 30, 2019 (exclude Pre-K program enrollment)** 480

**k. GRADES SERVED IN SCHOOL YEAR 2018-19 (does not include Pre-K program students)**

Check all that apply

Grades Served	K, 1, 2, 3, 4, 5, 6, 7, 8
---------------	---------------------------

I1. DOES THE SCHOOL CONTRACT WITH A CHARTER OR EDUCATIONAL MANAGEMENT ORGANIZATION? No

FACILITIES INFORMATION

m. FACILITIES

Does the school maintain or operate multiple sites?

	Yes, 2 sites
--	--------------

School Site 1 (Primary)

m1. SCHOOL SITES

Please provide the following information for site 1.

	Physical Address	Phone Number	District/CSD	Grades Served at Site (K-5, 6-9, etc.)	Receives Rental Assistance for Which Grades (If yes, enter the appropriate grades. If no, enter No).
Site 1	646 5TH AVE, Brooklyn, NY 11215	718-499-0957	NYC CSD 15	K-8	No

**m1a. Please provide the contact information for Site 1.**

	Name	Work Phone	Alternate Phone	Email Address
School Leader	Christina Tettonis	718-499-0957	718-499-0958	<a href="mailto:CTettonis@hccs-nys.org">CTettonis@hccs-nys.org</a>
Operational Leader	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
Compliance Contact	Natasha Caban-Vargas	718-499-0957	718-499-0958	<a href="mailto:NCaban@hccs-nys.org">NCaban@hccs-nys.org</a>
Complaint Contact	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
DASA Coordinator	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
Phone Contact for After Hours Emergencies	Christina Tettonis	646-552-0848	917-561-2622	<a href="mailto:CTettonis@hccs-nys.org">CTettonis@hccs-nys.org</a>

**m1b. Is site 1 in public (co-located) space or in private space?**

Private Space

**IF LOCATED IN PRIVATE SPACE IN NYC OR IN DISTRICTS OUTSIDE NYC**

**m1d. Upload a current Certificate of Occupancy (COO) and the annual Fire Inspection Report for school site 1 if located in private space in NYC or located outside of NYC .**

**Site 1 Certificate of Occupancy (COO)**

<https://nysed-cso-reports.fluidreview.com/resp/109351647/yFPTXS6fVy/>

**Site 1 Fire Inspection Report**

<https://nysed-cso-reports.fluidreview.com/resp/109351647/nBJtmqxAKU/>

**School Site 2**

## m2. SCHOOL SITES

Please provide the following information for site 2.

	Physical Address	Phone Number	District/CSD	Grades Served at Site (K-5, 6-9, etc.)	Receives Rental Assistance for Which Grades (If yes, enter the appropriate grades. If no, enter No).
Site 2	1641 Richmond Avenue	718-499-0957	NYC CSD 31	K-1	K-1

### m2a. Please provide the contact information for Site 2.

	Name	Work Phone	Alternate Phone	Email Address
School Leader	Cathy Kakleas	718-499-0957	718-499-0958	<a href="mailto:CKakleas@hccs-nys.org">CKakleas@hccs-nys.org</a>
Operational Leader	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
Compliance Contact	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
Complaint Contact	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
DASA Coordinator	Joy Petrakos	718-499-0957	718-499-0958	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>
Phone Contact for After Hours Emergencies	Christina Tettonis	646-552-0848	917-561-2622	<a href="mailto:CTettonis@hccs-nys.org">CTettonis@hccs-nys.org</a>

**m2b. Is site 2 in public (co-located) space or in private space?**

Private Space

## IF LOCATED IN PRIVATE SPACE IN NYC OR IN DISTRICTS OUTSIDE NYC

**m2d. Upload a current Certificate of Occupancy (COO) and the annual Fire Inspection Report for school site 2 if located in private space in NYC or located outside of NYC .**

### Site 2 Certificate of Occupancy (COO)

<https://nysed-cso-reports.fluidreview.com/resp/109351647/s65leHxILr/>

### Site 2 Fire Inspection Report

<https://nysed-cso-reports.fluidreview.com/resp/109351647/bZoeZBX06f/>

## CHARTER REVISIONS DURING THE 2018-19 SCHOOL YEAR

**n1. Were there any revisions to the school's charter during the 2018-19 school year? (Please include approved or pending material and non-material charter revisions).** Yes

### n2. Summary of Charter Revisions

	Category (Select Best Description)	Specific Revision (150 word limit)	Date Approved by BOT (if applicable)	Date Approved by Authorizer (if applicable)
1	Change in Maximum Approved Enrollment	The school will serve 498 students in each year, with approximately 2 sections of 28 students in each classroom in each grade. We are proposing this plan to offer more opportunities for potential students to enroll at HCCS, including increasing the number of seats we have available for ELL students.	October 1, 2018	May 6, 2019
		The Hellenic Classical		

2	Change in mission, vision or philosophy	Charter School will provide a diverse student body with a rigorous education in a dynamic environment. Using a standards-based curriculum, enriched with the Greek and Latin languages, and the classics woven throughout, students will engage in dialogue using the Socratic method to become critical thinkers. Students will become college and career ready and well-prepared to succeed and contribute to the global community as responsible citizens.	October 1, 2018	May 6, 2019
3	Change in organizational structure	The two schools will share one Board of Trustees. Christina Tettonis, current Principal of HCCS-PS, will transition to the role of Superintendent for both HCCS-PS and HCCS-SI. Mrs. Tettonis will split her time between the two schools over the five-year charter period.	October 1, 2018	May 6, 2019
4	Change in admissions/enrollment policy	Added ELL Set aside and Special Education preferences.	May 1, 2018	May 6, 2018
5				

**More revisions to add?**

No

**ATTESTATION**

**o. Individual Primarily Responsible for Submitting the Annual Report.**

Name	Joy Petrakos
Position	Chief of Operations
Phone/Extension	718-499-0957
Email	<a href="mailto:Joy.Petrakos@hccs-nys.org">Joy.Petrakos@hccs-nys.org</a>

**p. Our signatures (Executive Director/School Leader/Head of School and Board President) below attest that all of the information contained herein is truthful and accurate and that this charter school is in compliance with all aspects of its charter, and with all pertinent Federal, State, and local laws, regulations, and rules. We understand that if any information in any part of this report is found to have been deliberately misrepresented, that will constitute grounds for the revocation of our charter. Check **YES** if you agree and then use the mouse on your PC or the stylist on your mobile device to sign your name).**

Yes

**Signature, Head of Charter School**



**Signature, President of the Board of Trustees**



**Date** 2019/07/12

**Thank you.**

**Service Invoice**

Invoice Number: 3287354

Page 1 of 1

Red Hawk Fire & Security - (NY)  
Boston, MA 02297-0071

Bill To: HELLE-01-023  
Hellenic Charter School  
646 5th Avenue  
Brooklyn, NY. 11215

Ship To: 11653  
Hellenic Charter School  
646 5th Avenue  
Brooklyn, NY. 11215

Invoice Date	Customer PO	Payment Terms	Reference #	Workorder #
03/05/2019		Due Upon Receipt	12638	3426471

Item ID	Description	Service Date	Hrs/Qty	Unit Price	Ext. Price
	SEMI ANNUAL INSP	03/04/2019	1.00	3,520.05	3,520.05

Summary of Work Performed	
<b>Job Scope</b>	SEMI ANNUAL INSPECTION ON THE EST-3 FIRE ALARM SYSTEM PER NFPA DURING NORMAL WORKING HOURS CONTROL DEVICES TESTED FOR ELECTRICAL INTEGRITY & PROGRAMMING. CONTROL DEVICES TESTED FOR ELECTRICAL OPERATION & SOFTWARE PROGRAMMING CONTRACT # 7985 EQUIP: 1-LARGE ADDRESSABLE PANEL 4- BPS
<b>Work Summary</b>	On arrival FACP Normal. system on test with central station. Announcement made tested bells and strobes. Placed FACP in test mode tested all initiating devices All in good working order call central station play system back online file alarm panel normal on departure

Sales Total	\$3,520.05
Tax Total	\$0.00
Net Amount	\$3,520.05

A FINANCE CHARGE WILL BE ADDED TO PAST DUE ACCOUNTS AT THE RATE OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH, OR AT THE HIGHEST LEGAL RATE, WHICHEVER IS LESS.

Remit To: PO Box 970071, Boston, MA 02297-0071  
Phone: 877-387-0180 Fax: 713-353-3311



## Work Order Ticket

Work Order #3426471

6 Skyline Drive  
Hawthorne, NY 10532  
USA

Phone: 914-769-8900

Fax: 914-769-1652

Property	Customer Billing
<b>Hellenic Charter School</b> 646 5th Avenue Brooklyn, NY 11215 USA <b>Suite/Tenant:</b> <b>Site Contact:</b> Joy Petrakos <b>Contact Phone:</b> (718) 499-0957 ext:2	<b>Hellenic Charter School</b> 646 5th Avenue Brooklyn, NY 11215 USA <b>Purchase Order#:</b>

### Summary of Work Performed

<b>Job Scope:</b>	Semi Annual Inspection SEMI ANNUAL INSPECTION ON THE EST-3 FIRE ALARM SYSTEM PER NFPA DURING NORMAL WORKING HOURS CONTROL DEVICES TESTED FOR ELECTRICAL INTEGRITY & PROGRAMMING. CONTROL DEVICES TESTED FOR ELECTRICAL OPERATION & SOFTWARE PROGRAMMING CONTRACT # 7985 EQUIP: 1-LARGE ADDRESSABLE PANEL 4- BPS 21-SMOKES 6 DUCT DETECTOR 7 HEAT DETECTOR 1 CO 19-MANUAL PULL STATION 10-TAMPER SWITCH 8-FLOW SWITCH 4-SUB-PANEL NETWORK 10-BATTERIES
<b>Work Summary:</b>	On arrival FACP Normal. system on test with central station. Announcement made tested bells and strobes. Placed FACP in test mode tested all initiating devices All in good working order call central station play system back online file alarm panel normal on departure

### Work Order Details

<b>Caller:</b>	Joy Petrakos	<b>Dispatcher:</b>	Cynthia Nickerson
<b>Date Created:</b>	6/29/2018	<b>Lead Technician:</b>	Sean Mapp
<b>Job Status:</b>	Closed	<b>Job Type:</b>	ISP - Inspection
<b>Date Completed:</b>	3/4/2019	<b>Business Unit:</b>	RH NY MET - RedHawk New York Metro
<b>Cross Reference #</b>		<b>Contract #:</b>	7985
		<b>Job #:</b>	

### Labor Details

Date	Technician	Labor Type	Time Worked
3/4/2019	Calvin Powe	Regular Time	8.50
3/4/2019	Sean Mapp	Regular Time	8.50
<b>Grand Total:</b>			17.00



## Work Order Ticket

Work Order #3426471

6 Skyline Drive  
Hawthorne, NY 10532  
USA

Phone: 914-769-8900

Fax: 914-769-1652

### Materials Used

Date	Material Number	Description	Source/PO #	Quantity	Unit

### RMA Equipment Information

Date	Make	Type	RMA #	Quantity	Unit

### RMA Material Information

Date	Material Number	Description	RMA #	Quantity	Unit

### Additional Charges

Date	Description	Code	Quantity	Unit

### Recommended Repairs

Date	Description	Discussed?	Estimated Time	Unit

### Customer Signature



Thank you for your business! Satisfied customers are our highest priority. If you have any questions or comments please call us.

Customer Representative: Christina Tettonis

Date/Time: 3/4/2019 3:55:28PM

Work Order: 3426471

Customer Signature

BY SIGNING ABOVE YOU INDICATE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS LOCATED AT [HTTP://WWW.REDHAWKUS.COM/TERM-AND-CONDITIONS/](http://www.redhawkus.com/term-and-conditions/), WHICH SHALL GOVERN THIS TRANSACTION.

# Fire Alarm and Life Safety System Inspection Certificate

*For*

Hellenic Charter School  
646 5th Ave  
Brooklyn, NY 11215

Tested to NFPA 72 Standards

*This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.*

*Inspection Date*  
Mar 4, 2019

Building: Hellenic Charter School  
Contact: Joy Petrakos  
Title: Manager

Company: Red Hawk Fire & Security  
Contact: Sean Mapp  
Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

## Building Information

**Building:** Hellenic Charter School  
**Address:** 646 5th Ave  
**Address:**  
**City/State/Zip:** Brooklyn, NY 11215  
**Country:** United States of America

**Contact:** Joy Petrakos  
**Phone:** 718-499-0957  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** Red Hawk Fire & Security  
**Address:** 6 Skyline Drive  
**Address:**  
**City/State/Zip:** Hawthorne, NY 10532  
**Country:** United States of America

**Inspector:** Sean Mapp  
**Phone:** 914-491-8260  
**Fax:**  
**Mobile:**  
**Email:** sean.mapp@redhawkus.com

## System Control Unit

**Manufacturer:** Edwards  
**Model Number:** EST-3  
**Software Version:** 4.0  
**Location:** 1st Main Office

**Inspection Date:** 03/04/2019  
**Install Date:** 01/06/2014  
**Version Date:** 08/19/2015  
**Current Protection:** Breaker  
**IDC Style:** B  
**SLC Style:** 6  
**NAC Style:** Y

## Monitoring

**Company:** **Phone:** **Account #:**





## Central Station Signal Verification

**Type:** **Mfg:** **Model #:**  
**Test Time/Date:** **Restore Time**

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Sound Test	1	1.04%	1	100.00%	1	100.00%	0	0%
Control	19	19.79%	17	89.47%	13	76.47%	4	23.53%
Initiating	63	65.62%	62	98.41%	62	100.00%	0	0%
Supervisory	10	10.42%	10	100.00%	10	100.00%	0	0%
Indicating	3	3.12%	3	100.00%	3	100.00%	0	0%
<b>Totals</b>	<b>96</b>	<b>100%</b>	<b>93</b>	<b>96.88%</b>	<b>89</b>	<b>95.70%</b>	<b>4</b>	<b>4.30%</b>
Certification								
Company: Red Hawk Fire & Security				Building: Hellenic Charter School				
Inspector: Sean Mapp				Contact: Joy Petrakos				
Signed:				Signed:				

# Discrepancy Report

Generated by: BuildingReports.com

Building: Hellenic Charter School		Control Panel: 1 - Edwards EST-3		
<i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is listed on the Consumer Product Safety Commission's website and is subject to a recall by the manufacturer is included.</i>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<i>Items listed for Recall by Manufacturer</i>				
No recalled items found during this inspection.				
 ScanID	 Location	 Problem	Address	 Reference
<i>Control</i>				
Battery				
32786646	1st Booster Panel			1
32786647	1st Booster Panel			1
32786643	1st Booster Panel			1
32786644	1st Booster Panel			1

# Proposed Solutions Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

*The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.*

ScanID	Location	Solution	Model #	Cost	Fix
<b>Control</b>					
<b>Battery</b>					
32786646	1st Booster Panel		ISO9001	T/M	<input type="checkbox"/>
32786647	1st Booster Panel		ISO9001	T/M	<input type="checkbox"/>
32786643	1st Booster Panel		DJW12-7	T/M	<input type="checkbox"/>
32786644	1st Booster Panel		BPS-10A	T/M	<input type="checkbox"/>
PO #: (none)				T/M	

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.

ScanID	Note	Device Type	Location	Comment
<b>Initiating</b>				
33741090	1	Smoke Detector	1st Special Events Office	
	No access			
33741125	2	Duct Detector	4th RTU- 1 Return Roof	Passed
	very high not accessible			
33741126	3	Duct Detector	4th RTU- 1 Supply Roof	Passed
	very high not accessible			
33741128	4	Duct Detector	4th RTU- 2 Return Roof	Passed
	very high not accessible			
33741129	5	Duct Detector	4th RTU- 2 Supply Roof	Passed
	very high not accessible			

# Inspection & Testing

Generated by: BuildingReports.com

Building: Hellenic Charter School		Control Panel: 1 - Edwards EST-3		
The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.				
Device Type	Location	Service	Time	Date
Passed				
Control				
Annunciator	1st Main Entrance	Tested	2:18:10 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:27:54 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:27:57 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:28:01 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:28:07 PM	03/04/2019
Communication Line	1st MFACU 718-499-2437	Tested	2:16:24 PM	03/04/2019
Communication Line	1st MFACU 718-499-2443	Tested	2:15:54 PM	03/04/2019
Control Panel	1st Main Office	Tested	2:15:39 PM	03/04/2019
Power Supply	1st Main Office	Tested	10:45:55 AM	03/04/2019
Power Supply	1st Main Office	Tested	10:46:07 AM	03/04/2019
Power Supply	1st Main Office	Tested	10:46:22 AM	03/04/2019
Power Supply	1st Main Office	Tested	2:15:29 PM	03/04/2019
Special Control	1st MFACU	Tested/Cleaned	3:27:44 PM	03/04/2019
Indicating				
Bell	1st MFACU Alarm Bell	Tested	2:18:40 PM	03/04/2019
Bell	1st MFACU Trouble Bell	Tested	2:18:47 PM	03/04/2019
Bell	1st MFACU Water Bell	Tested	2:18:33 PM	03/04/2019
Initiating				
CO Detector	Ground Above Cubicle Suite 6y	Tested	2:25:49 PM	03/04/2019
Duct Detector	4th RTU- 1 Return Roof	Tested	2:21:26 PM	03/04/2019
Duct Detector	4th RTU- 1 Supply Roof	Tested	2:28:06 PM	03/04/2019
Duct Detector	4th RTU- 2 Return Roof	Tested	2:22:39 PM	03/04/2019
Duct Detector	4th RTU- 2 Supply Roof	Tested	2:23:23 PM	03/04/2019
Duct Detector	4th RTU- 3 Return	Tested	3:11:27 PM	03/04/2019
Duct Detector	4th RTU- 3 Supply	Tested	3:07:41 PM	03/04/2019
Heat Detector	Basement Inside Boiler Room	Tested	2:48:29 PM	03/04/2019
Heat Detector	Basement Inside Boiler Room	Tested	2:48:42 PM	03/04/2019
Heat Detector	Basement Inside Fine Pump Room	Tested	2:52:45 PM	03/04/2019
Heat Detector	Basement Inside Kitchen	Tested	2:34:54 PM	03/04/2019
Heat Detector	Basement Inside Kitchen	Tested	2:35:08 PM	03/04/2019
Heat Detector	1st Elevator Lobby	Tested	2:17:56 PM	03/04/2019
Heat Detector	4th Break Room By The Gym	Tested	2:20:41 PM	03/04/2019
Pull Station	Basement Boiler Room Rear Exit	Tested	2:48:17 PM	03/04/2019
Pull Station	Basement Stair A	Tested	2:33:48 PM	03/04/2019
Pull Station	Basement Stair B	Tested	2:43:47 PM	03/04/2019
Pull Station	1st main Entrance	Tested	10:48:00 AM	03/04/2019
Pull Station	1st Main Entrance Lobby	Tested	2:09:39 PM	03/04/2019

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Pull Station	1st Stair A	Tested	2:09:09 PM	03/04/2019
Pull Station	1st Stair B	Tested	2:09:24 PM	03/04/2019
Pull Station	2nd Stair A	Tested	12:19:53 PM	03/04/2019
Pull Station	2nd Stair B	Tested	12:20:51 PM	03/04/2019
Pull Station	2nd Stair C	Tested	12:24:40 PM	03/04/2019
Pull Station	2nd Stair D	Tested	12:23:07 PM	03/04/2019
Pull Station	3rd Stair C	Tested	11:07:25 AM	03/04/2019
Pull Station	3rd Stair D	Tested	11:10:51 AM	03/04/2019
Pull Station	3rd Stair A	Tested	11:04:01 AM	03/04/2019
Pull Station	3rd Stair B	Tested	11:08:58 AM	03/04/2019
Pull Station	4th Storage Stair D by Stage	Tested	10:35:13 AM	03/04/2019
Pull Station	4th Stair A	Tested	10:37:36 AM	03/04/2019
Pull Station	4th Stair C Gym	Tested	10:36:39 AM	03/04/2019
Pull Station	4th Stair D	Tested	10:41:21 AM	03/04/2019
Smoke Detector	Basement Electric Room	Tested/Cleaned	2:41:46 PM	03/04/2019
Smoke Detector	Basement Elevator Mechanical Room	Tested/Cleaned	2:42:53 PM	03/04/2019
Smoke Detector	1st Besides Main FACP	Tested/Cleaned	10:47:00 AM	03/04/2019
Smoke Detector	1st Besides Main Corridor By Double Door	Tested/Cleaned	10:48:52 AM	03/04/2019
Smoke Detector	1st Handicapped Lifted	Tested/Cleaned	2:59:01 PM	03/04/2019
Smoke Detector	1st In Center Stair	Tested/Cleaned	2:14:39 PM	03/04/2019
Smoke Detector	1st North Corridor By Center Stair	Tested/Cleaned	2:13:47 PM	03/04/2019
Smoke Detector	1st Room 105 Fire Shutter	Visually Checked	3:26:36 PM	03/04/2019
Smoke Detector	1st Room 105 Fire Shutter	Visually Checked	3:28:36 PM	03/04/2019
Smoke Detector	2nd By Smoke Fire Door	Tested/Cleaned	12:20:34 PM	03/04/2019
Smoke Detector	2nd By Smoke Fire Door	Tested/Cleaned	12:21:11 PM	03/04/2019
Smoke Detector	2nd Elevator Lobby	Tested/Cleaned	12:21:53 PM	03/04/2019
Smoke Detector	3rd Elevator Lobby	Tested/Cleaned	11:08:22 AM	03/04/2019
Smoke Detector	3rd IT Room	Tested/Cleaned	12:16:34 PM	03/04/2019
Smoke Detector	4th Roof Top Of Stair B	Tested/Cleaned	10:59:33 AM	03/04/2019
Smoke Detector	4th Top Of Stair D	Tested/Cleaned	10:54:20 AM	03/04/2019
Smoke Detector	4th Top Of Stair Stair A	Tested/Cleaned	10:50:09 AM	03/04/2019
Smoke Detector	4th Top Of Stair Stair C	Tested/Cleaned	11:02:07 AM	03/04/2019
Smoke Detector	4th Electrical Room	Tested/Cleaned	10:45:19 AM	03/04/2019
Smoke Detector	4th Elevator Lobby	Tested/Cleaned	10:52:57 AM	03/04/2019
Smoke Detector	4th Top Of Stair D	Tested/Cleaned	10:34:37 AM	03/04/2019
Waterflow Switch	Basement Bypass Valve	Tested	2:52:53 PM	03/04/2019
Waterflow Switch	Basement Bypass Valve	Tested	2:52:58 PM	03/04/2019
Waterflow Switch	Basement Jacky Pump	Tested	2:36:44 PM	03/04/2019
Waterflow Switch	Basement Jacky Pump	Tested	2:36:59 PM	03/04/2019
Waterflow Switch	1st North Stair	Tested	2:26:42 PM	03/04/2019
Waterflow Switch	2nd Floor Stair A	Tested	3:01:49 PM	03/04/2019
Waterflow Switch	3rd Floor	Tested	3:03:19 PM	03/04/2019
Waterflow Switch	4th North Stair	Visually Checked	3:04:17 PM	03/04/2019
<b>Supervisory</b>				
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:37:25 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:37:47 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:38:03 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:36:24 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:38:25 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:38:45 PM	03/04/2019

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Tamper Switch	2nd Floor	Tested	3:01:56 PM	03/04/2019
Tamper Switch	2nd North Stair	Tested	2:26:32 PM	03/04/2019
Tamper Switch	3rd Floor	Tested	3:02:31 PM	03/04/2019
Tamper Switch	4th North Stair	Visually Checked	3:04:36 PM	03/04/2019
Device Type	Location	Service	Time	Date
<i>Failed/Other</i>				
<b>Control</b>				
Battery	1st Booster Panel	Tested	3:16:59 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:17:12 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:17:35 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:18:05 PM	03/04/2019
Device Type	Location	Service	Time	Date
<i>Untested</i>				
<b>Control</b>				
Battery	1st MFACU			
Battery	1st MFACU			
<b>Initiating</b>				
Smoke Detector	1st Special Events Office			

# Service Summary

Generated by: BuildingReports.com



Building: Hellenic Charter School

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<b><i>Failed/Other</i></b>		
Battery	Tested	4
Total		4
<b><i>Passed</i></b>		
Annunciator	Tested	1
Battery	Tested	4
Bell	Tested	3
CO Detector	Tested	1
Communication Line	Tested	2
Control Panel	Tested	1
Duct Detector	Tested	6
Heat Detector	Tested	7
Power Supply	Tested	4
Pull Station	Tested	19
Smoke Detector	Tested/Cleaned	19
Smoke Detector	Visually Checked	2
Special Control	Tested/Cleaned	1
Tamper Switch	Tested	9
Tamper Switch	Visually Checked	1
Waterflow Switch	Tested	7
Waterflow Switch	Visually Checked	1
Total		92
<b><i>Untested</i></b>		
Battery		2
Smoke Detector		1
Total		95

# Sound and Visual Testing

Generated by: BuildingReports.com

Building: Hellenic Charter School						
<i>The Sound and Visual Testing section lists various points throughout your building where audible and visual alarm notification devices were tested. Any bar-coded audible and visual devices will appear in the Inspection and Testing section of this report. Items in this section are grouped by Passed or Failed/Other. Where specific decibel readings were recorded, they will appear under the ambient and alarm columns. The Voice column indicates whether the Sound Test Point passed the Voice Intelligibility requirements. The STI or Sound Transmission Index is shown if recorded.</i>						
 Location	 Comment	Ambient	Alarm	Intelligibility		Sound Test
		◀ dB	◀ dB	Voice	STI	
<i>Passed</i>						
Sound Test Points						
All Floors	Passed			<input type="checkbox"/>		0001

# Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of Inventory	Quantity
Smoke Detector	Initiating	22.92%	22
Battery	Control	10.42%	10
Pull Station	Initiating	19.79%	19
Power Supply	Control	4.17%	4
Control Panel	Control	1.04%	1
Communication Line	Control	2.08%	2
Heat Detector	Initiating	7.29%	7
Annunciator	Control	1.04%	1
Bell	Indicating	3.12%	3
Duct Detector	Initiating	6.25%	6
CO Detector	Initiating	1.04%	1
Tamper Switch	Supervisory	10.42%	10
Waterflow Switch	Initiating	8.33%	8
Special Control	Control	1.04%	1

Type	Qty	Model #	Description	Install Date
------	-----	---------	-------------	--------------

## In Service - 2 Years to 3 Years

### Ultra Tech

Battery	2	ISO9001	Sealed Lead Acid	09/30/2016
---------	---	---------	------------------	------------

## In Service - 3 Years to 5 Years

### Edwards

Duct Detector	4	Siga-SD	Photoelectric	08/31/2015
---------------	---	---------	---------------	------------

### EST

Duct Detector	2	Siga-SD	Photoelectric	08/31/2015
Smoke Detector	2	Siga2-PS		08/31/2015

### Edwards

Annunciator	1	3-RLCM	LED List	11/11/2014
Bell	1	439D-10AW		11/11/2014
Bell	1	439D-6AW		11/11/2014
Bell	1	439D-8AW		11/11/2014
Heat Detector	1	Siga-HRS	Rate-of-Rise	11/11/2014
Power Supply	4	BPS-10A		11/11/2014
Smoke Detector	1	Siga-PS	Photoelectric	11/11/2014
Smoke Detector	1	Siga2-PS	Photoelectric	11/11/2014

### EST

Heat Detector	1	Siga-HRS		11/11/2014
Heat Detector	5	Siga-HRS	Rate-of-Rise	11/11/2014
Pull Station	19	SIGA-270	Single Action	11/11/2014

Smoke Detector	1	SIGA-270		11/11/2014
Smoke Detector	1	Siga-PS		11/11/2014
Smoke Detector	10	Siga-PS	Photoelectric	11/11/2014
Smoke Detector	6	Siga2-PS	Photoelectric	11/11/2014
<b>FSI</b>				
Special Control	1	Diagram	Riser Diagram	11/11/2014
<b>Lansdale internatio</b>				
Tamper Switch	2	GBT4		11/11/2014
<b>Leoch</b>				
Battery	1	BPS-10A	Sealed Lead Acid	11/11/2014
Battery	5	DJW12-7	Sealed Lead Acid	11/11/2014
<b>Macurco</b>				
CO Detector	1	CM-15A		11/11/2014
<b>Potter Electric</b>				
Tamper Switch	1	OSYSU-2		11/11/2014
<b>Power-Sonic</b>				
Battery	2	PS-12260	Sealed Lead Acid	11/11/2014
<b>System Sensor</b>				
Tamper Switch	3	OSY2		11/11/2014
Waterflow Switch	4	WFD25		11/11/2014
<b>Verizon</b>				
Communication Line	2	POTS		11/11/2014
<b>Victaulic</b>				
Tamper Switch	1	704W		11/11/2014
Tamper Switch	3	705W		11/11/2014
Waterflow Switch	1	Series 705		11/11/2014
Waterflow Switch	1	Series 705ttt		11/11/2014
Waterflow Switch	2	Series 728		11/11/2014
<i><b>In Service - 5 Years to 10 Years</b></i>				
<b>Edwards</b>				
Control Panel	1	EST-3		01/06/2014

# Zone Address Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.

Address	Device Type	Location	Type	ScanID
<b>Zone/Circuit: 02</b>				
0001	Smoke Detector	1st Room 105 Fire Shutter		33741267
0002	Smoke Detector	Basement Elevator Mechanical Room	Photoelectric	33741141
0002	Smoke Detector	3rd IT Room	Photoelectric	33742153
0005	Smoke Detector	1st Room 105 Fire Shutter		33741135
0012	Smoke Detector	2nd Elevator Lobby	Photoelectric	32786785
0013	Pull Station	1st Main Entrance Lobby	Single Action	32786774
0016	Smoke Detector	2nd By Smoke Fire Door	Photoelectric	33741130
0017	Smoke Detector	2nd By Smoke Fire Door	Photoelectric	33741131
0020	Smoke Detector	4th Roof Top Of Stair B	Photoelectric	33742146
0024	Smoke Detector	1st Special Events Office	Photoelectric	33741090
0025	Smoke Detector	1st Handicapped Lifted		33741163
0028	Smoke Detector	1st North Corridor By Center Stair	Photoelectric	32786786
0029	Smoke Detector	1st In Center Stair	Photoelectric	33741143
0073	Smoke Detector	Basement Electric Room	Photoelectric	45687801
0132	Tamper Switch	Basement Fire Pump Room		38972940
0133	Tamper Switch	Basement Fire Pump Room Main Valve		38972936
0139	Pull Station	Basement Boiler Room Rear Exit	Single Action	32786778
0141	Tamper Switch	Basement Fire Pump Room Main Valve		38972935
0160	Tamper Switch	Basement Fire Pump Room		38972939
0161	Tamper Switch	Basement Fire Pump Room		38972677
0203	Pull Station	3rd Stair A	Single Action	32786768
0204	Pull Station	3rd Stair B	Single Action	32786767
0205	Pull Station	2nd Stair A	Single Action	32786772
0206	Pull Station	2nd Stair B	Single Action	32786771
0207	Pull Station	1st Stair A	Single Action	32786775
0208	Pull Station	1st Stair B	Single Action	32786779
0209	Pull Station	Basement Stair A	Single Action	32786776
0210	Pull Station	Basement Stair B	Single Action	32786777
0211	Pull Station	3rd Stair C	Single Action	32786766
0212	Pull Station	2nd Stair C	Single Action	32786770
<b>Zone/Circuit: 02-</b>				
0014	Pull Station	1st main Entrance	Single Action	33741151
0023	Smoke Detector	1st Besides Main FACP	Photoelectric	32786789
0027	Smoke Detector	1st Besides Main Corridor By Double Door	Photoelectric	32786788
<b>Zone/Circuit: 03</b>				
	Heat Detector	4th Break Room By The Gym		33742149
0007	Smoke Detector	4th Elevator Lobby	Photoelectric	32786781
0010	Duct Detector	4th RTU- 2 Supply Roof	Photoelectric	33741129

0011	Duct Detector	4th RTU- 1 Return Roof	Photoelectric	33741125
0012	Duct Detector	4th RTU- 2 Return Roof	Photoelectric	33741128
0013	Duct Detector	4th RTU- 1 Supply Roof	Photoelectric	33741126
0014	Duct Detector	4th RTU- 3 Supply	Photoelectric	33742151
0015	Duct Detector	4th RTU- 3 Return	Photoelectric	33742150
0016	Smoke Detector	4th Top Of Stair Stair C	Photoelectric	33742152
0017	Smoke Detector	4th Top Of Stair Stair A	Photoelectric	32786780
0126	Pull Station	2nd Stair D	Single Action	32786773
0127	Pull Station	3rd Stair D	Single Action	32786769
0128	Pull Station	4th Stair C Gym	Single Action	32786764
0131	Tamper Switch	Basement Fire Pump Room Main Valve		38972676
0131	Pull Station	4th Storage Stair D by Stage	Single Action	33742147
<b>Zone/Circuit: 03-</b>				
0005	Smoke Detector	4th Top Of Stair D		33742148
0018	Smoke Detector	4th Electrical Room	Photoelectric	32786782
<b>Zone/Circuit: 2</b>				
0011	Smoke Detector	3rd Elevator Lobby	Photoelectric	32786784
0158	Waterflow Switch	Basement Bypass Valve		38972937
0159	Waterflow Switch	Basement Bypass Valve		38972938
135	Waterflow Switch	2nd Floor Stair A		32786796
136	Tamper Switch	2nd Floor		32786795
137	Waterflow Switch	3rd Floor		32786793
138	Tamper Switch	3rd Floor		32786794
155	Waterflow Switch	1st North Stair		32786797
156	Tamper Switch	2nd North Stair		32786798
162	Waterflow Switch	Basement Jacky Pump		38972934
163	Waterflow Switch	Basement Jacky Pump		38972933
<b>Zone/Circuit: 3</b>				
0005	Smoke Detector	4th Top Of Stair D	Photoelectric	32786783
0129	Pull Station	4th Stair D	Single Action	32786765
0130	Pull Station	4th Stair A	Single Action	32786763
0142	Waterflow Switch	4th North Stair		32786792
0143	Tamper Switch	4th North Stair		32786791

**Service Invoice**

Invoice Number: 3287354

Page 1 of 1

Red Hawk Fire & Security - (NY)  
Boston, MA 02297-0071

Bill To: HELLE-01-023  
Hellenic Charter School  
646 5th Avenue  
Brooklyn, NY. 11215

Ship To: 11653  
Hellenic Charter School  
646 5th Avenue  
Brooklyn, NY. 11215

Invoice Date	Customer PO	Payment Terms	Reference #	Workorder #
03/05/2019		Due Upon Receipt	12638	3426471

Item ID	Description	Service Date	Hrs/Qty	Unit Price	Ext. Price
	SEMI ANNUAL INSP	03/04/2019	1.00	3,520.05	3,520.05

**Summary of Work Performed****Job Scope**

SEMI ANNUAL INSPECTION ON THE EST-3 FIRE ALARM SYSTEM PER NFPA DURING NORMAL WORKING HOURS CONTROL DEVICES TESTED FOR ELECTRICAL INTEGRITY & PROGRAMMING. CONTROL DEVICES TESTED FOR ELECTRICAL OPERATION & SOFTWARE PROGRAMMING  
CONTRACT # 7985  
EQUIP:  
1-LARGE ADDRESSABLE PANEL  
4- BPS

**Work Summary**

On arrival FACP Normal. system on test with central station. Announcement made tested bells and strobes. Placed FACP in test mode tested all initiating devices All in good working order call central station play system back online file alarm panel normal on departure

Sales Total	\$3,520.05
Tax Total	\$0.00
Net Amount	\$3,520.05

A FINANCE CHARGE WILL BE ADDED TO PAST DUE ACCOUNTS AT THE RATE OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH, OR AT THE HIGHEST LEGAL RATE, WHICHEVER IS LESS.

Remit To: PO Box 970071, Boston, MA 02297-0071  
Phone: 877-387-0180 Fax: 713-353-3311



## Work Order Ticket

Work Order #3426471

6 Skyline Drive  
Hawthorne, NY 10532  
USA

Phone: 914-769-8900

Fax: 914-769-1652

Property	Customer Billing
<b>Hellenic Charter School</b> 646 5th Avenue Brooklyn, NY 11215 USA <b>Suite/Tenant:</b> <b>Site Contact:</b> Joy Petrakos <b>Contact Phone:</b> (718) 499-0957 ext:2	<b>Hellenic Charter School</b> 646 5th Avenue Brooklyn, NY 11215 USA <b>Purchase Order#:</b>

### Summary of Work Performed

<b>Job Scope:</b>	Semi Annual Inspection SEMI ANNUAL INSPECTION ON THE EST-3 FIRE ALARM SYSTEM PER NFPA DURING NORMAL WORKING HOURS CONTROL DEVICES TESTED FOR ELECTRICAL INTEGRITY & PROGRAMMING. CONTROL DEVICES TESTED FOR ELECTRICAL OPERATION & SOFTWARE PROGRAMMING CONTRACT # 7985 EQUIP: 1-LARGE ADDRESSABLE PANEL 4- BPS 21-SMOKES 6 DUCT DETECTOR 7 HEAT DETECTOR 1 CO 19-MANUAL PULL STATION 10-TAMPER SWITCH 8-FLOW SWITCH 4-SUB-PANEL NETWORK 10-BATTERIES
<b>Work Summary:</b>	On arrival FACP Normal. system on test with central station. Announcement made tested bells and strobes. Placed FACP in test mode tested all initiating devices All in good working order call central station play system back online file alarm panel normal on departure

### Work Order Details

<b>Caller:</b>	Joy Petrakos	<b>Dispatcher:</b>	Cynthia Nickerson
<b>Date Created:</b>	6/29/2018	<b>Lead Technician:</b>	Sean Mapp
<b>Job Status:</b>	Closed	<b>Job Type:</b>	ISP - Inspection
<b>Date Completed:</b>	3/4/2019	<b>Business Unit:</b>	RH NY MET - RedHawk New York Metro
<b>Cross Reference #</b>		<b>Contract #:</b>	7985
		<b>Job #:</b>	

### Labor Details

Date	Technician	Labor Type	Time Worked
3/4/2019	Calvin Powe	Regular Time	8.50
3/4/2019	Sean Mapp	Regular Time	8.50
<b>Grand Total:</b>			17.00



## Work Order Ticket

Work Order #3426471

6 Skyline Drive  
Hawthorne, NY 10532  
USA

Phone: 914-769-8900

Fax: 914-769-1652

### Materials Used

Date	Material Number	Description	Source/PO #	Quantity	Unit

### RMA Equipment Information

Date	Make	Type	RMA #	Quantity	Unit

### RMA Material Information

Date	Material Number	Description	RMA #	Quantity	Unit

### Additional Charges

Date	Description	Code	Quantity	Unit

### Recommended Repairs

Date	Description	Discussed?	Estimated Time	Unit

### Customer Signature



Thank you for your business! Satisfied customers are our highest priority. If you have any questions or comments please call us.

Customer Representative: Christina Tettonis

Date/Time: 3/4/2019 3:55:28PM

Work Order: 3426471

Customer Signature

BY SIGNING ABOVE YOU INDICATE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS LOCATED AT [HTTP://WWW.REDHAWKUS.COM/TERM-AND-CONDITIONS/](http://www.redhawkus.com/term-and-conditions/), WHICH SHALL GOVERN THIS TRANSACTION.

# Fire Alarm and Life Safety System Inspection Certificate

*For*

Hellenic Charter School  
646 5th Ave  
Brooklyn, NY 11215

Tested to NFPA 72 Standards

*This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.*

*Inspection Date*  
Mar 4, 2019

Building: Hellenic Charter School  
Contact: Joy Petrakos  
Title: Manager

Company: Red Hawk Fire & Security  
Contact: Sean Mapp  
Title: Inspector

# Executive Summary

Generated by: BuildingReports.com

## Building Information

**Building:** Hellenic Charter School  
**Address:** 646 5th Ave  
**Address:**  
**City/State/Zip:** Brooklyn, NY 11215  
**Country:** United States of America

**Contact:** Joy Petrakos  
**Phone:** 718-499-0957  
**Fax:**  
**Mobile:**  
**Email:**

## Inspection Performed By

**Company:** Red Hawk Fire & Security  
**Address:** 6 Skyline Drive  
**Address:**  
**City/State/Zip:** Hawthorne, NY 10532  
**Country:** United States of America

**Inspector:** Sean Mapp  
**Phone:** 914-491-8260  
**Fax:**  
**Mobile:**  
**Email:** sean.mapp@redhawkus.com

## System Control Unit

**Manufacturer:** Edwards  
**Model Number:** EST-3  
**Software Version:** 4.0  
**Location:** 1st Main Office

**Inspection Date:** 03/04/2019  
**Install Date:** 01/06/2014  
**Version Date:** 08/19/2015  
**Current Protection:** Breaker  
**IDC Style:** B  
**SLC Style:** 6  
**NAC Style:** Y

## Monitoring

**Company:** **Phone:** **Account #:**





## Central Station Signal Verification

**Type:** **Mfg:** **Model #:**  
**Test Time/Date:** **Restore Time**

Inspection Summary								
Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Sound Test	1	1.04%	1	100.00%	1	100.00%	0	0%
Control	19	19.79%	17	89.47%	13	76.47%	4	23.53%
Initiating	63	65.62%	62	98.41%	62	100.00%	0	0%
Supervisory	10	10.42%	10	100.00%	10	100.00%	0	0%
Indicating	3	3.12%	3	100.00%	3	100.00%	0	0%
<b>Totals</b>	<b>96</b>	<b>100%</b>	<b>93</b>	<b>96.88%</b>	<b>89</b>	<b>95.70%</b>	<b>4</b>	<b>4.30%</b>
Certification								
Company: Red Hawk Fire & Security				Building: Hellenic Charter School				
Inspector: Sean Mapp				Contact: Joy Petrakos				
Signed:				Signed:				

# Discrepancy Report

Generated by: BuildingReports.com

Building: Hellenic Charter School		Control Panel: 1 - Edwards EST-3		
<i>The Discrepancy Report consolidates each discrepancy listed within the various Testing sections of your Inspection. Discrepancies are listed by Category, and grouped by device type. The description of the problem is provided and where appropriate, code references are listed for your convenience. Any item that was inspected that is listed on the Consumer Product Safety Commission's website and is subject to a recall by the manufacturer is included.</i>				
Device Type	Manufacturer	ModelNumber	Date	Qty
<i>Items listed for Recall by Manufacturer</i>				
No recalled items found during this inspection.				
 ScanID	 Location	 Problem	Address	 Reference
<i>Control</i>				
Battery				
32786646	1st Booster Panel			1
32786647	1st Booster Panel			1
32786643	1st Booster Panel			1
32786644	1st Booster Panel			1

# Proposed Solutions Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

*The Proposed Solution Report provides a solution for each discrepancy listed on the Discrepancy Report. Provide a check mark where indicated to approve repairs listed within the report. Items listed as T/M are available for repair on a Time and Materials basis.*

ScanID	Location	Solution	Model #	Cost	Fix
<b>Control</b>					
<b>Battery</b>					
32786646	1st Booster Panel		ISO9001	T/M	<input type="checkbox"/>
32786647	1st Booster Panel		ISO9001	T/M	<input type="checkbox"/>
32786643	1st Booster Panel		DJW12-7	T/M	<input type="checkbox"/>
32786644	1st Booster Panel		BPS-10A	T/M	<input type="checkbox"/>
PO #: (none)				T/M	

# Notes & Recommendations

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Notes & Recommendations Report details additional inspection notes made by the Inspectors during the course of the building inspection. Notes are grouped by Category.

ScanID	Note	Device Type	Location	Comment
<b>Initiating</b>				
33741090	1	Smoke Detector	1st Special Events Office	
	No access			
33741125	2	Duct Detector	4th RTU- 1 Return Roof	Passed
	very high not accessible			
33741126	3	Duct Detector	4th RTU- 1 Supply Roof	Passed
	very high not accessible			
33741128	4	Duct Detector	4th RTU- 2 Return Roof	Passed
	very high not accessible			
33741129	5	Duct Detector	4th RTU- 2 Supply Roof	Passed
	very high not accessible			

# Inspection & Testing

Generated by: BuildingReports.com

Building: Hellenic Charter School		Control Panel: 1 - Edwards EST-3		
<i>The Inspection &amp; Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time &amp; date at which testing occurred.</i>				
Device Type	Location	Service	Time	Date
<i>Passed</i>				
<b>Control</b>				
Annunciator	1st Main Entrance	Tested	2:18:10 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:27:54 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:27:57 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:28:01 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:28:07 PM	03/04/2019
Communication Line	1st MFACU 718-499-2437	Tested	2:16:24 PM	03/04/2019
Communication Line	1st MFACU 718-499-2443	Tested	2:15:54 PM	03/04/2019
Control Panel	1st Main Office	Tested	2:15:39 PM	03/04/2019
Power Supply	1st Main Office	Tested	10:45:55 AM	03/04/2019
Power Supply	1st Main Office	Tested	10:46:07 AM	03/04/2019
Power Supply	1st Main Office	Tested	10:46:22 AM	03/04/2019
Power Supply	1st Main Office	Tested	2:15:29 PM	03/04/2019
Special Control	1st MFACU	Tested/Cleaned	3:27:44 PM	03/04/2019
<b>Indicating</b>				
Bell	1st MFACU Alarm Bell	Tested	2:18:40 PM	03/04/2019
Bell	1st MFACU Trouble Bell	Tested	2:18:47 PM	03/04/2019
Bell	1st MFACU Water Bell	Tested	2:18:33 PM	03/04/2019
<b>Initiating</b>				
CO Detector	Ground Above Cubicle Suite 6y	Tested	2:25:49 PM	03/04/2019
Duct Detector	4th RTU- 1 Return Roof	Tested	2:21:26 PM	03/04/2019
Duct Detector	4th RTU- 1 Supply Roof	Tested	2:28:06 PM	03/04/2019
Duct Detector	4th RTU- 2 Return Roof	Tested	2:22:39 PM	03/04/2019
Duct Detector	4th RTU- 2 Supply Roof	Tested	2:23:23 PM	03/04/2019
Duct Detector	4th RTU- 3 Return	Tested	3:11:27 PM	03/04/2019
Duct Detector	4th RTU- 3 Supply	Tested	3:07:41 PM	03/04/2019
Heat Detector	Basement Inside Boiler Room	Tested	2:48:29 PM	03/04/2019
Heat Detector	Basement Inside Boiler Room	Tested	2:48:42 PM	03/04/2019
Heat Detector	Basement Inside Fine Pump Room	Tested	2:52:45 PM	03/04/2019
Heat Detector	Basement Inside Kitchen	Tested	2:34:54 PM	03/04/2019
Heat Detector	Basement Inside Kitchen	Tested	2:35:08 PM	03/04/2019
Heat Detector	1st Elevator Lobby	Tested	2:17:56 PM	03/04/2019
Heat Detector	4th Break Room By The Gym	Tested	2:20:41 PM	03/04/2019
Pull Station	Basement Boiler Room Rear Exit	Tested	2:48:17 PM	03/04/2019
Pull Station	Basement Stair A	Tested	2:33:48 PM	03/04/2019
Pull Station	Basement Stair B	Tested	2:43:47 PM	03/04/2019
Pull Station	1st main Entrance	Tested	10:48:00 AM	03/04/2019
Pull Station	1st Main Entrance Lobby	Tested	2:09:39 PM	03/04/2019

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Pull Station	1st Stair A	Tested	2:09:09 PM	03/04/2019
Pull Station	1st Stair B	Tested	2:09:24 PM	03/04/2019
Pull Station	2nd Stair A	Tested	12:19:53 PM	03/04/2019
Pull Station	2nd Stair B	Tested	12:20:51 PM	03/04/2019
Pull Station	2nd Stair C	Tested	12:24:40 PM	03/04/2019
Pull Station	2nd Stair D	Tested	12:23:07 PM	03/04/2019
Pull Station	3rd Stair C	Tested	11:07:25 AM	03/04/2019
Pull Station	3rd Stair D	Tested	11:10:51 AM	03/04/2019
Pull Station	3rd Stair A	Tested	11:04:01 AM	03/04/2019
Pull Station	3rd Stair B	Tested	11:08:58 AM	03/04/2019
Pull Station	4th Storage Stair D by Stage	Tested	10:35:13 AM	03/04/2019
Pull Station	4th Stair A	Tested	10:37:36 AM	03/04/2019
Pull Station	4th Stair C Gym	Tested	10:36:39 AM	03/04/2019
Pull Station	4th Stair D	Tested	10:41:21 AM	03/04/2019
Smoke Detector	Basement Electric Room	Tested/Cleaned	2:41:46 PM	03/04/2019
Smoke Detector	Basement Elevator Mechanical Room	Tested/Cleaned	2:42:53 PM	03/04/2019
Smoke Detector	1st Besides Main FACP	Tested/Cleaned	10:47:00 AM	03/04/2019
Smoke Detector	1st Besides Main Corridor By Double Door	Tested/Cleaned	10:48:52 AM	03/04/2019
Smoke Detector	1st Handicapped Lifted	Tested/Cleaned	2:59:01 PM	03/04/2019
Smoke Detector	1st In Center Stair	Tested/Cleaned	2:14:39 PM	03/04/2019
Smoke Detector	1st North Corridor By Center Stair	Tested/Cleaned	2:13:47 PM	03/04/2019
Smoke Detector	1st Room 105 Fire Shutter	Visually Checked	3:26:36 PM	03/04/2019
Smoke Detector	1st Room 105 Fire Shutter	Visually Checked	3:28:36 PM	03/04/2019
Smoke Detector	2nd By Smoke Fire Door	Tested/Cleaned	12:20:34 PM	03/04/2019
Smoke Detector	2nd By Smoke Fire Door	Tested/Cleaned	12:21:11 PM	03/04/2019
Smoke Detector	2nd Elevator Lobby	Tested/Cleaned	12:21:53 PM	03/04/2019
Smoke Detector	3rd Elevator Lobby	Tested/Cleaned	11:08:22 AM	03/04/2019
Smoke Detector	3rd IT Room	Tested/Cleaned	12:16:34 PM	03/04/2019
Smoke Detector	4th Roof Top Of Stair B	Tested/Cleaned	10:59:33 AM	03/04/2019
Smoke Detector	4th Top Of Stair D	Tested/Cleaned	10:54:20 AM	03/04/2019
Smoke Detector	4th Top Of Stair Stair A	Tested/Cleaned	10:50:09 AM	03/04/2019
Smoke Detector	4th Top Of Stair Stair C	Tested/Cleaned	11:02:07 AM	03/04/2019
Smoke Detector	4th Electrical Room	Tested/Cleaned	10:45:19 AM	03/04/2019
Smoke Detector	4th Elevator Lobby	Tested/Cleaned	10:52:57 AM	03/04/2019
Smoke Detector	4th Top Of Stair D	Tested/Cleaned	10:34:37 AM	03/04/2019
Waterflow Switch	Basement Bypass Valve	Tested	2:52:53 PM	03/04/2019
Waterflow Switch	Basement Bypass Valve	Tested	2:52:58 PM	03/04/2019
Waterflow Switch	Basement Jacky Pump	Tested	2:36:44 PM	03/04/2019
Waterflow Switch	Basement Jacky Pump	Tested	2:36:59 PM	03/04/2019
Waterflow Switch	1st North Stair	Tested	2:26:42 PM	03/04/2019
Waterflow Switch	2nd Floor Stair A	Tested	3:01:49 PM	03/04/2019
Waterflow Switch	3rd Floor	Tested	3:03:19 PM	03/04/2019
Waterflow Switch	4th North Stair	Visually Checked	3:04:17 PM	03/04/2019
<b>Supervisory</b>				
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:37:25 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:37:47 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room Main Valve	Tested	2:38:03 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:36:24 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:38:25 PM	03/04/2019
Tamper Switch	Basement Fire Pump Room	Tested	2:38:45 PM	03/04/2019

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Tamper Switch	2nd Floor	Tested	3:01:56 PM	03/04/2019
Tamper Switch	2nd North Stair	Tested	2:26:32 PM	03/04/2019
Tamper Switch	3rd Floor	Tested	3:02:31 PM	03/04/2019
Tamper Switch	4th North Stair	Visually Checked	3:04:36 PM	03/04/2019
Device Type	Location	Service	Time	Date
<i>Failed/Other</i>				
<b>Control</b>				
Battery	1st Booster Panel	Tested	3:16:59 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:17:12 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:17:35 PM	03/04/2019
Battery	1st Booster Panel	Tested	3:18:05 PM	03/04/2019
Device Type	Location	Service	Time	Date
<i>Untested</i>				
<b>Control</b>				
Battery	1st MFACU			
Battery	1st MFACU			
<b>Initiating</b>				
Smoke Detector	1st Special Events Office			

# Service Summary

Generated by: BuildingReports.com



Building: Hellenic Charter School

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
<b><i>Failed/Other</i></b>		
Battery	Tested	4
Total		4
<b><i>Passed</i></b>		
Annunciator	Tested	1
Battery	Tested	4
Bell	Tested	3
CO Detector	Tested	1
Communication Line	Tested	2
Control Panel	Tested	1
Duct Detector	Tested	6
Heat Detector	Tested	7
Power Supply	Tested	4
Pull Station	Tested	19
Smoke Detector	Tested/Cleaned	19
Smoke Detector	Visually Checked	2
Special Control	Tested/Cleaned	1
Tamper Switch	Tested	9
Tamper Switch	Visually Checked	1
Waterflow Switch	Tested	7
Waterflow Switch	Visually Checked	1
Total		92
<b><i>Untested</i></b>		
Battery		2
Smoke Detector		1
Total		95

# Sound and Visual Testing

Generated by: BuildingReports.com

Building: Hellenic Charter School						
<i>The Sound and Visual Testing section lists various points throughout your building where audible and visual alarm notification devices were tested. Any bar-coded audible and visual devices will appear in the Inspection and Testing section of this report. Items in this section are grouped by Passed or Failed/Other. Where specific decibel readings were recorded, they will appear under the ambient and alarm columns. The Voice column indicates whether the Sound Test Point passed the Voice Intelligibility requirements. The STI or Sound Transmission Index is shown if recorded.</i>						
 Location	 Comment	Ambient	Alarm	Intelligibility		Sound Test
		◀ dB	◀ dB	Voice	STI	
<i>Passed</i>						
Sound Test Points						
All Floors	Passed			<input type="checkbox"/>		0001

# Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of Inventory	Quantity
Smoke Detector	Initiating	22.92%	22
Battery	Control	10.42%	10
Pull Station	Initiating	19.79%	19
Power Supply	Control	4.17%	4
Control Panel	Control	1.04%	1
Communication Line	Control	2.08%	2
Heat Detector	Initiating	7.29%	7
Annunciator	Control	1.04%	1
Bell	Indicating	3.12%	3
Duct Detector	Initiating	6.25%	6
CO Detector	Initiating	1.04%	1
Tamper Switch	Supervisory	10.42%	10
Waterflow Switch	Initiating	8.33%	8
Special Control	Control	1.04%	1

Type	Qty	Model #	Description	Install Date
<b><i>In Service - 2 Years to 3 Years</i></b>				
<b>Ultra Tech</b>				
Battery	2	ISO9001	Sealed Lead Acid	09/30/2016
<b><i>In Service - 3 Years to 5 Years</i></b>				
<b>Edwards</b>				
Duct Detector	4	Siga-SD	Photoelectric	08/31/2015
<b>EST</b>				
Duct Detector	2	Siga-SD	Photoelectric	08/31/2015
Smoke Detector	2	Siga2-PS		08/31/2015
<b>Edwards</b>				
Annunciator	1	3-RLCM	LED List	11/11/2014
Bell	1	439D-10AW		11/11/2014
Bell	1	439D-6AW		11/11/2014
Bell	1	439D-8AW		11/11/2014
Heat Detector	1	Siga-HRS	Rate-of-Rise	11/11/2014
Power Supply	4	BPS-10A		11/11/2014
Smoke Detector	1	Siga-PS	Photoelectric	11/11/2014
Smoke Detector	1	Siga2-PS	Photoelectric	11/11/2014
<b>EST</b>				
Heat Detector	1	Siga-HRS		11/11/2014
Heat Detector	5	Siga-HRS	Rate-of-Rise	11/11/2014
Pull Station	19	SIGA-270	Single Action	11/11/2014

Smoke Detector	1	SIGA-270		11/11/2014
Smoke Detector	1	Siga-PS		11/11/2014
Smoke Detector	10	Siga-PS	Photoelectric	11/11/2014
Smoke Detector	6	Siga2-PS	Photoelectric	11/11/2014
<b>FSI</b>				
Special Control	1	Diagram	Riser Diagram	11/11/2014
<b>Lansdale internatio</b>				
Tamper Switch	2	GBT4		11/11/2014
<b>Leoch</b>				
Battery	1	BPS-10A	Sealed Lead Acid	11/11/2014
Battery	5	DJW12-7	Sealed Lead Acid	11/11/2014
<b>Macurco</b>				
CO Detector	1	CM-15A		11/11/2014
<b>Potter Electric</b>				
Tamper Switch	1	OSYSU-2		11/11/2014
<b>Power-Sonic</b>				
Battery	2	PS-12260	Sealed Lead Acid	11/11/2014
<b>System Sensor</b>				
Tamper Switch	3	OSY2		11/11/2014
Waterflow Switch	4	WFD25		11/11/2014
<b>Verizon</b>				
Communication Line	2	POTS		11/11/2014
<b>Victaulic</b>				
Tamper Switch	1	704W		11/11/2014
Tamper Switch	3	705W		11/11/2014
Waterflow Switch	1	Series 705		11/11/2014
Waterflow Switch	1	Series 705ttt		11/11/2014
Waterflow Switch	2	Series 728		11/11/2014
<i><b>In Service - 5 Years to 10 Years</b></i>				
<b>Edwards</b>				
Control Panel	1	EST-3		01/06/2014

# Zone Address Report

Generated by: BuildingReports.com

Building: Hellenic Charter School

Control Panel: 1 - Edwards EST-3

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference.

Address	Device Type	Location	Type	ScanID
<b>Zone/Circuit: 02</b>				
0001	Smoke Detector	1st Room 105 Fire Shutter		33741267
0002	Smoke Detector	Basement Elevator Mechanical Room	Photoelectric	33741141
0002	Smoke Detector	3rd IT Room	Photoelectric	33742153
0005	Smoke Detector	1st Room 105 Fire Shutter		33741135
0012	Smoke Detector	2nd Elevator Lobby	Photoelectric	32786785
0013	Pull Station	1st Main Entrance Lobby	Single Action	32786774
0016	Smoke Detector	2nd By Smoke Fire Door	Photoelectric	33741130
0017	Smoke Detector	2nd By Smoke Fire Door	Photoelectric	33741131
0020	Smoke Detector	4th Roof Top Of Stair B	Photoelectric	33742146
0024	Smoke Detector	1st Special Events Office	Photoelectric	33741090
0025	Smoke Detector	1st Handicapped Lifted		33741163
0028	Smoke Detector	1st North Corridor By Center Stair	Photoelectric	32786786
0029	Smoke Detector	1st In Center Stair	Photoelectric	33741143
0073	Smoke Detector	Basement Electric Room	Photoelectric	45687801
0132	Tamper Switch	Basement Fire Pump Room		38972940
0133	Tamper Switch	Basement Fire Pump Room Main Valve		38972936
0139	Pull Station	Basement Boiler Room Rear Exit	Single Action	32786778
0141	Tamper Switch	Basement Fire Pump Room Main Valve		38972935
0160	Tamper Switch	Basement Fire Pump Room		38972939
0161	Tamper Switch	Basement Fire Pump Room		38972677
0203	Pull Station	3rd Stair A	Single Action	32786768
0204	Pull Station	3rd Stair B	Single Action	32786767
0205	Pull Station	2nd Stair A	Single Action	32786772
0206	Pull Station	2nd Stair B	Single Action	32786771
0207	Pull Station	1st Stair A	Single Action	32786775
0208	Pull Station	1st Stair B	Single Action	32786779
0209	Pull Station	Basement Stair A	Single Action	32786776
0210	Pull Station	Basement Stair B	Single Action	32786777
0211	Pull Station	3rd Stair C	Single Action	32786766
0212	Pull Station	2nd Stair C	Single Action	32786770
<b>Zone/Circuit: 02-</b>				
0014	Pull Station	1st main Entrance	Single Action	33741151
0023	Smoke Detector	1st Besides Main FACP	Photoelectric	32786789
0027	Smoke Detector	1st Besides Main Corridor By Double Door	Photoelectric	32786788
<b>Zone/Circuit: 03</b>				
	Heat Detector	4th Break Room By The Gym		33742149
0007	Smoke Detector	4th Elevator Lobby	Photoelectric	32786781
0010	Duct Detector	4th RTU- 2 Supply Roof	Photoelectric	33741129

0011	Duct Detector	4th RTU- 1 Return Roof	Photoelectric	33741125
0012	Duct Detector	4th RTU- 2 Return Roof	Photoelectric	33741128
0013	Duct Detector	4th RTU- 1 Supply Roof	Photoelectric	33741126
0014	Duct Detector	4th RTU- 3 Supply	Photoelectric	33742151
0015	Duct Detector	4th RTU- 3 Return	Photoelectric	33742150
0016	Smoke Detector	4th Top Of Stair Stair C	Photoelectric	33742152
0017	Smoke Detector	4th Top Of Stair Stair A	Photoelectric	32786780
0126	Pull Station	2nd Stair D	Single Action	32786773
0127	Pull Station	3rd Stair D	Single Action	32786769
0128	Pull Station	4th Stair C Gym	Single Action	32786764
0131	Tamper Switch	Basement Fire Pump Room Main Valve		38972676
0131	Pull Station	4th Storage Stair D by Stage	Single Action	33742147
<b>Zone/Circuit: 03-</b>				
0005	Smoke Detector	4th Top Of Stair D		33742148
0018	Smoke Detector	4th Electrical Room	Photoelectric	32786782
<b>Zone/Circuit: 2</b>				
0011	Smoke Detector	3rd Elevator Lobby	Photoelectric	32786784
0158	Waterflow Switch	Basement Bypass Valve		38972937
0159	Waterflow Switch	Basement Bypass Valve		38972938
135	Waterflow Switch	2nd Floor Stair A		32786796
136	Tamper Switch	2nd Floor		32786795
137	Waterflow Switch	3rd Floor		32786793
138	Tamper Switch	3rd Floor		32786794
155	Waterflow Switch	1st North Stair		32786797
156	Tamper Switch	2nd North Stair		32786798
162	Waterflow Switch	Basement Jacky Pump		38972934
163	Waterflow Switch	Basement Jacky Pump		38972933
<b>Zone/Circuit: 3</b>				
0005	Smoke Detector	4th Top Of Stair D	Photoelectric	32786783
0129	Pull Station	4th Stair D	Single Action	32786765
0130	Pull Station	4th Stair A	Single Action	32786763
0142	Waterflow Switch	4th North Stair		32786792
0143	Tamper Switch	4th North Stair		32786791

# Certificate of Occupancy

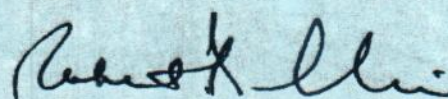
**CO Number: 500214261F**

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Staten Island	<b>Block Number:</b> 01560	<b>Certificate Type:</b> Final
	<b>Address:</b> 1641 RICHMOND AVENUE	<b>Lot Number(s):</b> 15	<b>Effective Date:</b> 07/20/2012
	<b>Building Identification Number (BIN):</b> 5107219	<b>Building Type:</b> Altered	
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>			
<b>B.</b>	<b>Construction classification:</b> 1-C	(1968 Code)	
	<b>Building Occupancy Group classification:</b> F-3	(1968 Code)	
	<b>Multiple Dwelling Law Classification:</b> None		
	<b>No. of stories:</b> 2	<b>Height in feet:</b> 30	<b>No. of dwelling units:</b> 0
<b>C.</b>	<b>Fire Protection Equipment:</b> Fire alarm system, Sprinkler system, Fire Suppression system		
<b>D.</b>	<b>Type and number of open spaces:</b> Parking spaces (140), Parking (40000 square feet)		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations</b> None		
<b>Borough Comments:</b> None			



Borough Commissioner



Commissioner

# Certificate of Occupancy

CO Number:

500214261F

## Permissible Use and Occupancy

All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.

Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	B-2 D-2		4	ACCESSORY STORAGE, UTILITY ROOM
OS P		OG			4	OFF STREET PARKING FOR 140 CARS
001	83	100	G D-2		4	CLASSROOMS, ACCESSORY MEETING ROOM, ACCESSORY OFFICES, ACCESSORY KITCHEN
001	400	OG	F-3		4	GYMNASIUM/ACCESSORY STORAGE
001	450	OG	F-4		4	ACCESSORY BANQUET ROOM USE IN GYMNASIUM AREA FOR CHURCH FUNCTIONS
002	175	100	G		4	CLASSROOMS
TWO STORY MASONRY CHURCH COMMUNITY CENTER BUILDING						
END OF SECTION						



Borough Commissioner



Commissioner



# Certificate of Occupancy

CO Number: 310136493T002

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Brooklyn	<b>Block Number:</b> 00634	<b>Certificate Type:</b> Temporary
	<b>Address:</b> 224 18TH STREET	<b>Lot Number(s):</b> 34	<b>Effective Date:</b> 07/05/2018
	<b>Building Identification Number (BIN):</b> 3336795	<b>Building Type:</b> Altered	<b>Expiration Date:</b> 10/03/2018
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>			
<b>B.</b>	<b>Construction classification:</b> 1	(Prior to 1968 Code)	
	<b>Building Occupancy Group classification:</b> E	(2014/2008 Code)	
	<b>Multiple Dwelling Law Classification:</b> None		
	<b>No. of stories:</b> 4	<b>Height in feet:</b> 59	<b>No. of dwelling units:</b> 0
<b>C.</b>	<b>Fire Protection Equipment:</b> Fire alarm system, Sprinkler system, Fire Suppression system		
<b>D.</b>	<b>Type and number of open spaces:</b> Parking spaces (10), Parking (1953 square feet)		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations:</b> None		
<b>Outstanding requirements for obtaining Final Certificate of Occupancy:</b>			
There are 11 outstanding requirements. Please refer to BISWeb for further detail.			
<b>Borough Comments:</b>			
OK TO RENEW TCO#2 FOR 90 DAYS AS PREVIOUSLY ISSUED			

Borough Commissioner

Commissioner

DOCUMENT CONTINUES ON NEXT PAGE

# Certificate of Occupancy

CO Number:

310136493T002

Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL	6	OG	E		3	ACCESSORY KITCHEN, BOILER ROOM, STORAGE
CEL	190	OG	A-3		3	CAFETERIA
OS P		60	S-2		3	PARKING 10 CARS
ME Z	34	100	E		3	CLASSROOM
001 001 134		60	E		3	CLASSROOMS, OFFICES, LOBBY, LIBRARY.
002 002 254		60	E		3	CLASSROOMS, OFFICES.
003 003 243		60	E		3	CLASSROOMS, OFFICES, NURSE'S ROOM
004	294	100	A-3		3	MULTIPURPOSE SPACE (GYNASIUM, LECTURE HALL) STORAGE/MOVABLE STAGE AREA, STORAGE ROOMS
RO F		40	E		3	STAIR BULKHEAD AND MECHANICAL EQUIPMENT
FIRE DEPARTMENT APPROVAL DATED MARCH 31, 1969 (INTERIOR FIRE ALARM) AND ACCOUNT #C 706735 ISSUED 1968 (FUEL OIL) NO SCENIC ELEMENTS						
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT



# Entry 2 NYS School Report Card Link

Last updated: 07/18/2019

## HELLENIC CLASSICAL CHARTER SCHOOL

**1. CHARTER AUTHORIZER (As of June 30th, 2019)** NYCDOE-Authorized Charter School

(For technical reasons, please re-select authorizer name from the drop down menu).

## 2. NEW YORK STATE REPORT CARD

**Provide a direct URL or web link to the most recent New York State School Report Card for the charter school (See <https://reportcards.nysed.gov/>).**

(Charter schools completing year one will not yet have a School Report Card or link to one. Please type "URL is not available" in the space provided.)

[https://data.nysed.gov/essa.php?instid=800000058308&year=2018&createreport=1&allchecked=1&OverallStatus=1&section\\_1003=1&EMindicators=1&EMcomposite=1&EMgrowth=1&EMcompgrowth=1&EMelp=1&EMprogress=1&EMchronic=1&EMpart=1&staffqual=1&expend=1&38ELA=1&38MATH=1&48SCI=1&regents=1&nyseslat=1&feddata=1](https://data.nysed.gov/essa.php?instid=800000058308&year=2018&createreport=1&allchecked=1&OverallStatus=1&section_1003=1&EMindicators=1&EMcomposite=1&EMgrowth=1&EMcompgrowth=1&EMelp=1&EMprogress=1&EMchronic=1&EMpart=1&staffqual=1&expend=1&38ELA=1&38MATH=1&48SCI=1&regents=1&nyseslat=1&feddata=1)



# Entry 3 Progress Toward Goals

Created: 07/15/2019 • Last updated: 11/01/2019

## PROGRESS TOWARD CHARTER GOALS

**Board of Regents-authorized and NYCDOE-authorized charter schools only.** Complete the tables provided. List each goal and measure as contained in the school's currently approved charter, and indicate whether the school has met or not met the goal. Please provide information for all goals by November 1st.

### 1. ACADEMIC STUDENT PERFORMANCE GOALS

If performance data is not available by August 1st, please state this in the last column and update by November 1st.

#### 2018-19 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met or Not Met	Indicate if data is not available. If/when available, Describe Efforts School Will Take If Goal Is Not Met
Academic Goal 1	Each year, 75% of kindergarten students who were enrolled at the School on BEDS day will perform at a Level 1 on the rhyme recognition, rhyme generation, syllable clapping, initial consonants, at a Level 2 on the final consonants, blending, segmenting, ABC recognition, writing, spelling, decoding, sight words, and emergent reading strands on the Spring administration of the Fox in a Box early literacy assessment.	Fox in a Box assessment was administered to kindergarten students enrolled in the 2018-2019 school year.	Met	
	Each year, 75% of the 1st grade students who were enrolled on BEDS day			

Academic Goal 2	for two consecutive years will perform at or above a Level 4 on the spelling, decoding, vocabulary, and reading comprehension strands of the Spring administration of the Fox in a Box early literacy assessment.	Fox in a Box assessment was administered to 1st grade students enrolled in the 2018-2019 school year.	Met	
Academic Goal 3	Each year, 75% of the 2nd grade students who were enrolled on BEDS day for two consecutive years will perform at or above a Level 6 on the spelling, decoding, vocabulary, sight words, reading accuracy and reading comprehension strands on the Spring administration of the Fox in a Box early literacy assessment.	Fox in a Box assessment was administered to second grade students enrolled in the 2018-2019 school year.	Met	
Academic Goal 4	Each year, students in grades 2 through 8 who were enrolled in the school for at least two consecutive BEDS dates will average an NCE of 50 on the ITBS Reading Test.	The Iowa Test of the Basic Skills (ITBS) administered to students in grades 2 through 8 in the Spring of 2018 and 2019.	Met	
Academic Goal 5	Each year, students in Grades 2 through 8 who were enrolled in the school for at least two consecutive BEDS dates will average an NCE of 50 on the ITBS Math Test.	The Iowa Test of the Basic Skills (ITBS) administered to students in grades 2 through 8 in the Spring of 2018-2019.	Met	
				HCCS grade level cohorts did not attain

Academic Goal  
6

Each year, grade levels cohorts of students (for Grades 2 and above) will reduce by one-half the gap between their average NCE in the previous Spring administration of the ITBS, a nationally-normed reading test, and NCE of 50 (grade level) in the current Spring. If a grade-level cohorts exceeds an NCE of 50 in the previous year, the cohort is expected to show at least an increase in the current year.

The Iowa Test of Basic Skills (ITBS) administered to students in grades 2 through 8 in the Spring of 2018 and 2019.

Not Met

this goal for the 2018-2019 school year in the area of Reading on the ITBS. Grade level cohorts were able to attain an NCE of 50 however, grade level cohorts were unable to attain the goal of reducing by one-half the gap from the previous year's assessment. Our instructional practices and approach to instruction in ELA continue to focus on explicit vocabulary development, reading fluency and reading comprehension. Small group instruction continues to be a practice to help support or enhance student progress in the area of reading and writing . Through interim and cumulative assessment results, instructional leaders and stakeholders analyze data, plan and realign instructional practices to support the academic needs or trends revealed through data analysis. Professional Development is integral to meeting and addressing student ELA progress and the aligning curriculum to address the current trends in data. HCCS has made

				the decision to shift to NWEA assessment for our next charter term.
Academic Goal 7	<p>Each year, grade-level cohorts of students (for Grades 2 and above) will reduce by one-half the gap between their average NCE in the previous Spring administration of the ITBS, a nationally-normed mathematics test, and NCE of 50 (grade level) in the current Spring. If a grade-level cohort exceeds an NCE of 50 in the previous year, the cohort is expected to show at least an increase in the current year,</p>	<p>The Iowa Test of Basic Skills (ITBS) administered to students in grades 2 through 8 in the Spring of 2018 and 2019.</p>	Not Met	<p>HCCS grade-level cohorts did not attain this goal for the 2018-2019 school year. Grade-level cohorts exceeded an average NCE of score of 50 or above but were unable to attain the goal of reducing the gap by one-half. Math student proficiency has increased throughout the current charter term, however grade-level cohorts fall short of reducing the gap from year to year. HCCS consistency makes instructional shifts according to trends revealed through data analysis. Instructional practices such as integrating technology with interactive math programs and project-based learning in math remain a focus. Small group instruction in math are structured where teachers or academic service providers explicitly teach strategies, math academic vocabulary, preview upcoming lessons and building student's mathematical fluency to ensure they are meeting individual</p>

				student needs. HCCS has made the decision to shift to NWEA assessment for our next charter term.
Academic Goal 8	<p>Greek Proficiency Goals:</p> <p>Kindergarten: By the end of the school year, students who were enrolled on BEDS days:</p> <ul style="list-style-type: none"> <li>-75% of the students will be able to recognize all Greek Letters in their print form, as measured by a Greek Letter Recognition and Writing Common Assessment.</li> <li>-75% of the students will be able to communicate verbally as measured by the HCCS Greek Verbal Common Assessment.</li> </ul>	The HCCS Greek Assessments in Letter Recognition, Writing and Verbal Common Assessment administered to students in Kindergarten.	Met	
Academic Goal 9	<p>First Grade:</p> <p>By the end of the school year, students who were enrolled on BEDS day for at least two consecutive years:</p> <ul style="list-style-type: none"> <li>-75% of students will be able to write all the Greek alphabet in print, as measured by a Greek Letter Recognition and Writing Common Assessment.</li> <li>-75% of students will perform proficiently in listening, as measured by the HCCS Greek Listening Common Assessment.</li> <li>-75% of students will</li> </ul>	The HCCS Greek Assessments in Letter Recognition, Writing, Listening, Reading and Verbal Common Assessments administered to students in grade 1 for the 2018-2019	Met	

	perform proficiently in reading, as measured by the HCCS Greek Reading Common Assessment. -75% of the students will be able to communicate verbally as measured by the HCCS Greek Verbal Common Assessment.	school year.		
Academic Goal 10	Second through Seventh Grades: By the end of school year, students who were enrolled on BEDS day for at least two consecutive years: -75% of students will perform proficiently in oral, reading, listening and writing skill, as measured by the HCCS Greek Verbal, Reading, Listening, and Writing Common Assessments.	The HCCS Greek Verbal, Reading, Listening and Writing Common Assessments to administered to students in grades 2 through 7 for the 2018-2019 school year.	Met	

**2. Do have more academic goals to add?** Yes

### 2018-19 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met or Not Met	If Not Met, Describe Efforts School Will Take
	Eighth Grade: Each year, 100% of			HCCS administration and Greek teachers continue to revise the process and course outline for students who are eligible for the Greek regent.

Academic Goal 11	HCCS Grade 8 students who have been recommended by the Greek department to sit for the NYSED High School Regents exam will pass the Greek Regent Exam with an average passing score of at least 75%.	NYSED High School Greek Regent Exam (LOTE)	Not Met	<p>The effort to increase student proficiency in the Greek language is still addressed through our Greek enrichment program offered to grades 5 through 8 for students who may be eligible to take the regent in June. Results for the regent indicate that students require additional support in the area of writing.</p>
	Throughout the charter term, each			<p>HCCS did not attain this goal for the 2019 administration of the NYS ELA examination despite demonstrating growth throughout the charter-term. Administration alongside instructional coaches have disseminated the ELA results, item skills analysis and instructional reports. Overall, the grades tested demonstrated a decrease in the acquisition of specific ELA skills such as inferring and identifying author's purpose. The focus and shift of our current instructional practices for this school year, is stronger emphasis on explicit academic vocabulary throughout all content areas. Increased frequency of read alouds during reading workshops, in addition to increased</p>

Academic Goal 12	grade-level cohort of HCCS students will reduce by one-quarter, the gap between the percent at or above Level 3 on the previous year's NYS ELA exam and 75% at or above Level 3 on the current year's NYS ELA exam	NYSED ELA examination administered to students in grades 3 - 8	Not Met	frequency in students independently reading. Students are assessed more frequently with the focus on comprehension of reading passages and fluency. Academic Intervention specialists and Special Education teachers are supporting our at-risk students and focusing on the specific ELA skills such as vocabulary development and inferring to increase overall reading comprehension. The instructional practices of shared reading and writing have proven to help support all levels of readers and writers. As teachers explicitly model their reading, thinking and writing skills, students are receiving specific strategies that will help refine student independent reading and writing skills. HCCS is confident that students will demonstrate an increase in student ELA proficiency in the upcoming examination.
Academ	Throughout the charter term, each grade-level cohort of HCCS students will reduce by one-quarter, the gap between the percent	NYSED Math examination		

ic Goal 13	at or above Level 3 on the previous year's NYS Math exam and 75% at or above Level 3 on the current year's NYS Math exam.	administered to students in grades 3 - 8.	Met	
Academ ic Goal 14	Each year, the percent of HCCS students performing at or above Level 3 on the NYS ELA exam in each tested grade will, in the majority of grades, exceed the average performance of students tested in the same grades of CSD 15.	NYSED ELA examination	Met	
Academ ic Goal 15	Each year, the percent of HCCS students performing at or above Level 3 on the NYS Math exam in each tested grade will, in the majority of grades, exceed the average performance of students tested in the same grades of CSD 15.	NYSED Math examination	Met	
				HCCS did not attain this goal for the 2019 administration of the NYS ELA examination. Administration alongside instructional coaches have disseminated the ELA results, item skills analysis and instructional reports. Overall, the grades tested demonstrated a decrease in the acquisition of specific ELA skills such as

Academic Goal 16	Throughout the course of the charter term, HCCS will show progress towards achieving 75% of its 3rd through 8th graders, who have been enrolled at the school at least two consecutive years, performing at or above a Level 3 on the NYS ELA exam.	NYSED ELA examination	Not Met	<p>inferring and identifying author's purpose. The focus and shift of our current instructional practices for this school year, is stronger emphasis on explicit academic vocabulary throughout all content areas. Increased frequency of read alouds during reading workshops, in addition to increased frequency in students independently reading. Students are assessed more frequently with the focus on comprehension of reading passages and fluency. Academic Intervention specialists and Special Education teachers are supporting our at-risk students and focusing on the specific ELA skills such as vocabulary development and inferring to increase overall reading comprehension. The instructional practices of shared reading and writing have proven to help support all levels of readers and writers. As teachers explicitly model their reading, thinking and writing skills, students are receiving specific strategies that will help refine student independent reading and writing skills.</p>
------------------	---	-----------------------	---------	--

				HCCS is confident that students will demonstrate an increase in student ELA proficiency in the upcoming examination.
Academic Goal 17	Throughout the course of the charter term, HCCS will show progress towards achieving 75% of its 3rd through 8th graders, who have been enrolled at the school at least two consecutive years, performing at or above Level 3 on the NYS Math exam	NYSESED Math examination	Met	
Academic Goal 18	Throughout the course of the charter term, HCCS will show progress towards achieving 75% of its 4th and 8th graders who have been enrolled at the school on BEDS day for at least two consecutive years, performing at or above a Level 3 on the NYS Science exam.	NYS Science examination administered to students in grade 4 and 8.	Met	
Academic Goal 19	Each year, 75% of the Grade 8 students who have taken Algebra I Regent exam with an average passing score of at least 75%	NYS Algebra I Regent administered to students in grade 8	Met	
				HCCS had 90% of students who were administered the 2019 Earth Science regent passed and 67% of students attained a score of 75% or above. Results indicate

Academic Goal 20	Each year, 75% of Grade 8 students who are recommended by the Science department to sit for the NYS Earth Science Regent Exam will pass the Regent exam with an average passing score of at least 75%	NYS Earth Science Regent administered to students in grade 8	Not Met	students performed well in the performance section of the Earth Science regent. The written/multiple choice section prove to be an area of focus. This indicates to all stakeholders that the realignment of the Earth Science curriculum needs to specifically address this part of the exam. Instructional strategies such as deep driving into regent questions and increasing scientific vocabulary may be essential to increasing student proficiency on this examination.
------------------	---	--	---------	---

**3. Do have more academic goals to add?** Yes

### 2018-19 Progress Toward Attainment of Academic Goals

	Academic Student Performance Goal	Measure Used to Evaluate Progress Toward Attainment of Goal	Goal - Met, Partially Met, or Not Met	If Not Met, Describe Efforts School Will Take
Academic Goal 21	AYP: Each year, the School will be deemed "In Good Standing" on the NYS Report Card	NYSED School Report Card	Met	
Academic Goal 22				
Academic Goal 23				
Academic Goal				

24				
Academ ic Goal 25				
Academ ic Goal 26				
Academ ic Goal 27				
Academ ic Goal 28				
Academ ic Goal 29				
Academ ic Goal 30				
Academ ic Goal 31				
Academ ic Goal 32				
Academ ic Goal 33				
Academ ic Goal 34				
Academ ic Goal 35				
Academ ic Goal 36				
Academ ic Goal 37				
Academ ic Goal				

38				
Academ ic Goal 39				
Academ ic Goal 40				

**4. ORGANIZATIONAL GOALS**

**2018-19 Progress Toward Attainment of Organizational Goals**

	Organizational Goal	Measure Used to Evaluate Progress	Goal - Met or Not Met	If Not Met, Describe Efforts School Will Take
Org Goal 1	Each year, the school will have an average daily student attendance rate of at least 95 percent.	ATS  HCCS had an average daily attendance rate of 96.4.	Met	
Org Goal 2	Each year, 95 percent of all students enrolled on the last day of the school year will return the following year.	ATS Discharge Report ATS Roster	Met	
Org Goal 3	Each year, 90 percent of all instructional staff employed during the prior school year will return and/or be asked to return the following school year.	NYSED TEACH  BEDS Report  Quickbooks Accounting & HR	Met	
Org Goal 4	Each year, parents will express satisfaction with HCCS' program, based on the NYCDOE School Survey in which the school will receive scores of 7.5 or higher in each of the four survey domains:	NYC DOE Survey	Met	

	Academic Expectations, Communication, Engagement, and Safety and Respect. The school will only have met this goal if at least 50% of the parents participate in the survey.			
Org Goal 5	Each year, teachers will express satisfaction with HCCS' leadership and professional development opportunities, based on the NYCDOE School Survey in which the school will receive scores of 7.5 or higher in each of the four survey domains: Academic Expectations, Communication, Engagement, and Safety and Respect. The school will only have met this goal if at least 50% of the teachers participate in the survey.	NYC DOE Survey	Met	
Org Goal 6	Each year, students in grades 5 through 8 will express satisfaction with HCCS' staff and programs, based on the NYCDOE School Survey in which the school will receive scores of 7.5 or higher in each of the four survey domains: Academic Expectations, Communication, Engagement, and Safety and Respect. The school will only	NYC DOE Survey	Met	

	have met this goal if at least 50% or more of the students participate in the survey.			
Org Goal 7	Each year, student enrollment will be within 15% of full enrollment as defined in the HCCS' charter contract. This will be analyzed annually and monitored bi-monthly.	ATS and The NYC DOE Charter School Vendor Portal	Met	
		<p>HCCS's demographics are a clear reflection of their outreach to District 15. Our diverse student body proves that our efforts to recruit ELL's is successful. 66% of our ELL population are of Hispanic origin. Our Hispanic incoming population has increased every year. This is an example of integration over the last charter term. HCCS continues to exemplify equity. HCCS was featured in the Center of NYC Affairs publication, INTEGRATED SCHOOLS IN A SEGREGATED CITY: Ten strategies that have made New York City elementary schools more diverse. HCCS is listed as a replicable model for other schools throughout the city under strategy #9 "create</p>		

Org  
Goal 8

- Per the 2010 amendment to the Charter Schools Act, HCCS shall demonstrate good faith efforts to attract, retain and meet or exceed enrollment and retention targets as prescribed by the Board of Regents, through the State Education Department, of students with disabilities, English language learners, and students who are eligible for the free- and reduced-price lunch program.

alternative schools with diversity as a mission". p. 21  
<https://static1.square-space.com/static/53ee4f0be4b015b9c3690d84/t/5812567b15d5db0f1068e667/1477596798462/Integrate+Schools+in+a+Segregated+City.pdf>  
HCCS was mentioned as a school of integration in Politico.  
<https://www.politico.com/states/new-york/city-hall/story/2016/10/some-city-schools-serve-as-models-of-integration-study-finds-106725>  
HCCS has been nominated as a Blue Ribbon School. See attached.  
HCCS has been designated as a Reward School for four consecutive years, (2015.2016.2017.2018) and a Recognition School in 2019.  
HCCS was encouraged and asked to replicate their exemplar model by The NYC DOE and NYSED numerous times. HCCS applied for a replication and was approved a second charter by The NYS Board of Regents on December 11, 2018. The new charter school named Hellenic Classical Charter School – Staten Island is scheduled to open

Met

September 2019 in NYC's District 31. HCCS's BOT approved an ELL preference for its Lottery Policy in 2015. HCCS will set aside for ELL's after siblings in school year 2019-2020. HCCS will add a preference for SWD. HCCS continues to have HIGH retention rates of 95% and above. HCCS backfills in all grades should a seat become available. During the current school year. October 2018, HCCS enrolled 3 ELL students in grades K, 1 & 2. HCCS requested for an enrollment increase for new ELL's. This increase was approved by the DOE during the current renewal. HCCS was a two time recipient of NYSED's Dissemination Grant. The purpose of this grant was to share our best practices with failing district public schools. In an effort to achieve racial equity in our school we are members of the Diverse Charter School Coalition and The NYC DOE District Charter Collaborative. HCCS is a member of NYC Charter Center's ELL and Special Education

		Consortium. HCCS is a Title 1 school.		
Org Goal 9	<ul style="list-style-type: none"> <li>Each year, HCCS will comply with all applicable laws, rules, regulations, and contract terms including, but not limited to, the New York Charter Schools Act, the New York Freedom of Information Law, the New York Open Meetings Law, the federal Individuals with Disabilities Education Act, and federal Family Educational Rights and Privacy Act.</li> </ul>	Approved Board of Regents Charter; NYS Portal; Applicable law, rules and regulations; NY Charter Schools Act; NY Freedom of Information Law; NY Open Meetings Law; Federal Individuals with Disabilities Education Act; Family Educational Rights and Privacy Act.	Met	
Org Goal 10	Each year, the HCCS Principal will achieve ratings of Proficient or Distinguished, and an average percentile score of 85% or higher, using the VAL-ED leadership evaluation system, developed at Vanderbilt University.	Val-ED Leadership Evaluation Program  HCCS's Principal's overall effectiveness score is 4.89. The performance level is Distinguished and the percentile rank is 99%.	Met	
Org Goal 11				
Org Goal 12				
Org Goal 13				
Org Goal 14				
Org Goal 15				
Org Goal 16				

Org Goal 17				
Org Goal 18				
Org Goal 19				
Org Goal 20				

**5. Do have more organizational goals to add?**      No

**6. FINANCIAL GOALS**

## 2018-19 Progress Toward Attainment of Financial Goals

	Financial Goals	Measure Used to Evaluate Progress	Goal - Met or Not Met	If Not Met, Describe Efforts School Will Take
Financial Goal 1	Each year, HCCS will undergo an independent financial audit that will result in an unqualified opinion and no major findings.	External Audit by PKF O'Connor Davies, LLP	Met	
Financial Goal 2	Each year, HCCS will operate on a balanced budget and maintain a stable cash flow.	Monthly internal financial statements and annual external audit by PKF O'Connor Davies.	Not Met	FY'19 the BOT approved cost cutting measures to help maintain a balanced budget. The measures taken to reduce the school's losses have made a significant impact on the budget. The school also increased their student enrollment by 18 students which will be reflected in the FY'20 financial statements. The school is expected to operate on a balanced budget FY'20.
Financial Goal 3				
Financial Goal 4				
Financial Goal 5				

**7. Do we have more financial goals to add?** No

**Thank you.**



# Entry 4 Expenditures per Child

Created: 07/18/2019 • Last updated: 07/30/2019

## HELLENIC CLASSICAL CHARTER SCHOOLSection Heading

### Financial Information

This information is required of ALL charter schools. Provide the following measures of fiscal performance of the charter school in Appendix B (Total Expenditures and Administrative Expenditures Per Child):

### 1. Total Expenditures Per Child

To calculate '**Total Expenditures per Child**' take total expenditures (from the unaudited 2018-19 Schedule of Functional Expenses) and divide by the year end FTE student enrollment. (Integers Only. No dollar signs or commas).

**Note:** *The information on the Schedule of Functional Expenses on pages 41-43 of the Audit Guide can help schools locate the amounts to use in the two per pupil calculations:* [Audit Guide](#) available within the portal or on the NYSED website at: <http://www.p12.nysed.gov/psc/regentsoversightplan/otherdocuments/auditguide2018.pdf>.

Line 1: Total Expenditures	8996315
Line 2: Year End FTE student enrollment	479
Line 3: Divide Line 1 by Line 2	18777

## 2. Administrative Expenditures per Child

To calculate **'Administrative Expenditures per Child'** To calculate "Administrative Expenditures per Child" first *add* together the following:

1. Take the relevant portion from the 'personnel services cost' row and the 'management and general' column (from the unaudited 2018-19 Schedule of Functional Expenses)
2. Any contracted administrative/management fee paid to other organizations or corporations
3. Take the total from above and divide it by the year-end FTE enrollment. The relevant portion that must be included in this calculation is defined as follows:

Administrative Expenditures: Administration and management of the charter school includes the activities and personnel of the offices of the chief school officer, the finance or business offices, school operations personnel, data management and reporting, human resources, technology, etc. It also includes those administrative and management services provided by other organizations or corporations on behalf of the charter school for which the charter school pays a fee or other compensation. Do not include the FTE of personnel whose role is to directly support the instructional program.

**Notes:**  
***The information on the Schedule of Functional Expenses on pages 41-43 of the Audit Guide can help schools locate the amounts to use in the two per pupil calculations:***  
***<http://www.p12.nysed.gov/psc/AuditGuide.html>.***  
**Employee benefit costs or expenditures should not be reported in the above calculations.**

Line 1: Relevant Personnel Services Cost (Row)	546031
Line 2: Management and General Cost (Column)	937137
Line 3: Sum of Line 1 and Line 2	1483168
Line 5: Divide Line 3 by the Year End FTE student enrollment	3096

***Thank you.***

# **Hellenic Classical Charter School**

Financial Statements

June 30, 2019

## **Independent Auditors' Report**

**Board of Trustees**  
**Hellenic Classical Charter School**

### ***Report on the Financial Statements***

We have audited the accompanying financial statements of Hellenic Classical Charter School (the "School"), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the School as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Change in Accounting Principle***

As discussed in Note 2 to the financial statements, during the year ended June 30, 2019, Hellenic Classical Charter School adopted new accounting guidance resulting in a change in the manner in which it presents net assets and reports certain aspects of its financial statements. Our opinion is not modified with respect to this matter.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 15, 2019, on our consideration of the School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control over financial reporting and compliance.

*PKF O'Connor Davies, LLP*

Harrison, New York  
October 15, 2019

## Hellenic Classical Charter School

### Statement of Financial Position June 30, 2019

#### **ASSETS**

##### Current Assets

Cash	\$ 135,048
Grants and contracts receivable	85,079
Other current assets	41,473
Cash - sinking fund	<u>40,387</u>
Total Current Assets	301,987

Property and equipment, net	11,009,746
Restricted cash	<u>71,040</u>
	<u>\$ 11,382,773</u>

#### **LIABILITIES AND NET ASSETS**

##### Current Liabilities

Accounts payable and accrued expenses	\$ 359,104
Accounts payable - construction	361,266
Accrued payroll and payroll taxes	808,755
Loan payable	7,326,807
Line of credit	200,000
Deferred rent, current portion	<u>216,835</u>
Total Current Liabilities	9,272,767

Deferred rent	<u>653,907</u>
Total Liabilities	<u>9,926,674</u>

##### Net Assets

Without donor restrictions	1,362,385
With donor restrictions	<u>93,714</u>
Total Net Assets	<u>1,456,099</u>

\$ 11,382,773

See notes to financial statements

## Hellenic Classical Charter School

### Statement of Activities Year Ended June 30, 2019

	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUE AND SUPPORT</b>			
State and local per pupil operating revenue	\$ 7,823,084	\$ -	\$ 7,823,084
Universal pre-kindergarten	184,273	-	184,273
Federal grants	169,167	-	169,167
State grants	59,995	-	59,995
Contributions and grants	77,680	49,192	126,872
Interest and other income	56,621	-	56,621
Net assets released from restrictions	99,724	(99,724)	-
Total Revenue and Support	<u>8,470,544</u>	<u>(50,532)</u>	<u>8,420,012</u>
<b>EXPENSES</b>			
Program Services			
Regular education	6,582,037	-	6,582,037
Special education	675,810	-	675,810
Total Program Services	7,257,847	-	7,257,847
Supporting Services			
Management and general	1,698,916	-	1,698,916
Fundraising	23,440	-	23,440
Total Expenses	<u>8,980,203</u>	<u>-</u>	<u>8,980,203</u>
Change in Net Assets	(509,659)	(50,532)	(560,191)
<b>NET ASSETS</b>			
Beginning of year	<u>1,872,044</u>	<u>144,246</u>	<u>2,016,290</u>
End of year	<u>\$ 1,362,385</u>	<u>\$ 93,714</u>	<u>\$ 1,456,099</u>

See notes to financial statements

**Hellenic Classical Charter School**

Statement of Functional Expenses  
Year Ended June 30, 2019

	No. of Positions	Program Services			Management and General	Fundraising	Total
		Regular Education	Special Education	Total			
Personnel Services Costs							
Instructional personnel	63	\$ 3,801,958	\$ 399,329	\$ 4,201,287	\$ 30,650	\$ 6,144	\$ 4,238,081
Non Instructional personnel	4	89,346	-	89,346	121,062	-	210,408
Administrative staff personnel	8	-	-	-	641,854	7,713	649,567
Total Salaries and Staff	<u>75</u>	<u>3,891,304</u>	<u>399,329</u>	<u>4,290,633</u>	<u>793,566</u>	<u>13,857</u>	<u>5,098,056</u>
Employee benefits and payroll taxes		1,053,342	108,234	1,161,576	215,093	3,751	1,380,420
Contracted services		150,201	15,434	165,635	30,671	535	196,841
Legal		31,476	3,234	34,710	6,427	112	41,249
Auditing and accounting fees		23,819	2,447	26,266	4,864	85	31,215
Classroom supplies		139,419	14,326	153,745	28,470	497	182,712
Student transportation		31,606	3,248	34,854	6,454	113	41,421
Repairs and maintenance		68,299	7,018	75,317	13,947	243	89,507
Telephone and internet service		8,327	856	9,183	1,700	30	10,913
Postage and delivery		17,792	1,828	19,620	3,633	63	23,316
Insurance		49,314	5,067	54,381	10,070	176	64,627
Facility expense		512,461	52,657	565,118	104,645	1,825	671,588
Dues and subscriptions		2,908	299	3,207	594	10	3,811
Interest		-	-	-	355,901	-	355,901
Depreciation and amortization		536,989	55,177	592,166	109,653	1,912	703,731
Miscellaneous		<u>64,780</u>	<u>6,656</u>	<u>71,436</u>	<u>13,228</u>	<u>231</u>	<u>84,895</u>
Total Expenses		<u>\$ 6,582,037</u>	<u>\$ 675,810</u>	<u>\$ 7,257,847</u>	<u>\$ 1,698,916</u>	<u>\$ 23,440</u>	<u>\$ 8,980,203</u>

See notes to financial statements

## Hellenic Classical Charter School

### Statement of Cash Flows Year Ended June 30, 2019

#### **CASH FLOWS FROM OPERATING ACTIVITIES**

Change in net assets	\$ (560,191)
Adjustments to reconcile change in net assets to net cash from operating activities	
Depreciation and amortization	703,731
Deferred rent	216,837
Changes in operating assets and liabilities	
Grants and contracts receivable	253,911
Other current assets	14,972
Accounts payable and accrued expenses	(129,121)
Accounts payable - construction	(100,000)
Accrued payroll and payroll taxes	<u>(225,609)</u>
Net Cash from Operating Activities	<u>174,530</u>

#### **CASH FLOWS FROM INVESTING ACTIVITIES**

Purchases of property and equipment	(41,408)
Cash - sinking fund	<u>19,942</u>
Net Cash from Investing Activities	<u>(21,466)</u>

#### **CASH FLOWS FROM FINANCING ACTIVITY**

Principal payments on loans	<u>(215,807)</u>
Net Change in Cash	(62,743)

#### **CASH**

Beginning of year	<u>197,791</u>
End of year	<u>\$ 135,048</u>

#### **SUPPLEMENTAL CASH FLOW INFORMATION**

Cash paid during the year for interest	\$ 355,901
--	------------

See notes to financial statements

# **Hellenic Classical Charter School**

## **Notes to Financial Statements June 30, 2019**

### **1. Organization and Tax Status**

Hellenic Classical Charter School (the "School") is an education corporation that operates as a charter school in the borough of Brooklyn, New York City. On February 7, 2005, the Board of Regents and the Board of Trustees of the University of the State of New York for and on behalf of the State Education Department granted the School a charter valid for a term of five years and renewable upon expiration. The Board of Regents approved and issued several renewals to this Charter expiring June 30, 2024. The School was organized to prepare all students intellectually, socially and emotionally, to gain entry and succeed in the best high schools in New York City. The School provided education to approximately 480 students in grades kindergarten through eighth during the 2018-2019 academic year.

The School was approved to enter into a three year contract with the New York City Department of Education commencing with the 2014-2015 school year to operate a pre-kindergarten program with an option to renew for two additional years which expired June 30, 2019. The contract was renewed for an additional year expiring June 30, 2020. This contract is separate from the School's charter and is administered from the Department of Education's Division of Early Childhood. The pre-kindergarten program provided education to 18 students during the 2018-2019 academic year.

On December 11, 2018, the Board of Regents and the Board of Trustees of the University of the State of New York for and on behalf of the State Education Department granted the School a second charter, Hellenic Classical Charter School – Staten Island, valid for a term of five years and renewable upon expiration. Classes commenced in September 2019 for the 2019-2020 school year.

The New York City Department of Education provides free and reduced-price lunches and transportation directly to a majority of the School's students. Such costs are not included in these financial statements.

Except for taxes that may be due for unrelated business income, the School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state and local income taxes under comparable laws.

### **2. Summary of Significant Accounting Policies**

#### ***Basis of Presentation and Use of Estimates***

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly actual results could differ from those estimates.

## **Hellenic Classical Charter School**

Notes to Financial Statements  
June 30, 2019

### **2. Summary of Significant Accounting Policies (*continued*)**

#### ***Change in Accounting Principle***

On July 1, 2018, the School adopted new guidance regarding the Presentation of Financial Statements for Not-for Profit Entities. This guidance requires the School to collapse the three-category (unrestricted, temporarily restricted, and permanently restricted) classification of net assets into two categories: with donor restrictions and without donor restrictions. In addition, the new guidance requires the School to make certain expanded disclosures relating to (1) the liquidity of financial assets, and (2) expenses both by their natural and functional classification in one location in the financial statements. As a result of implementing this standard, prior year amounts for unrestricted net assets and temporarily restricted net assets were reclassified to net assets without donor restrictions and net assets with donor restrictions, respectively.

#### ***Net Assets Presentation***

Resources for various purposes are classified for accounting and reporting purposes into net asset categories established according to nature and purpose as follows:

*Net assets without donor restrictions* - consist of resources available for the general support of the School's operations. Net assets without donor restrictions may be used at the discretion of the School's management and/or the Board of Trustees.

*Net assets with donor restrictions* – represents amounts restricted by donors for specific activities of the School or to be used at a future date. The School records contributions as net assets with donor restrictions if they are received with donor stipulations that limit their use either through purpose or time restrictions. When a donor restriction expires, that is, when a time restriction ends or a purpose restriction is fulfilled, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

#### ***Cash - Sinking Fund***

The sinking fund was established as a requirement of the mortgage to pay construction related costs. The fund was scheduled to be closed out upon the School receiving a certificate of occupancy. The School received the certificate of occupancy during December 2018. The account was depleted by August 2019 to pay for the remaining construction costs.

#### ***Restricted Cash***

Under the provisions of its charter, the School established an escrow account to pay for legal and audit expenses that would be associated with a dissolution, should it occur.

# **Hellenic Classical Charter School**

Notes to Financial Statements  
June 30, 2019

## **2. Summary of Significant Accounting Policies (*continued*)**

### ***Property and Equipment***

The School follows the practice of capitalizing all expenditures for property and equipment with costs in excess of \$1,000 and a useful life in excess of one year. Leasehold improvements are amortized over the shorter of the term of the lease, inclusive of all renewal periods, which are reasonably assured, or the estimated useful life of the asset ranging from five to thirty years. Purchased property and equipment are recorded at cost at the date of acquisition. Minor costs of maintenance and repairs are expensed as incurred. All property and equipment purchased with government funding is capitalized, unless the government agency retains legal title to such assets, in which case it is expensed as incurred.

Depreciation and amortization is recognized on the straight-line method over the estimated useful lives of such assets as follows:

Computers and other equipment	3 - 5 years
Furniture and fixtures	3 - 5 years

Property and equipment are reviewed for impairment if the use of the asset significantly changes or another indicator of possible impairment is identified. If the carrying amount for the asset is not recoverable, the asset is written down to its fair value. There were no asset impairments for the year ended June 30, 2019.

### ***Revenue and Support***

Revenue from the state and local governments resulting from the School's charter status and based on the number of students enrolled is recorded when services are performed in accordance with the charter agreement. Federal and other state and local funds are recorded when expenditures are incurred and billable to the government agency.

Contribution revenue is recognized when a donor makes a gift to the School or a promise to make a gift to the School which is, in substance, unconditional. Grants and other contributions of cash are reported as net assets with donor restrictions if they are received with donor stipulations. Contributions and grants that are made to support the School's current year activities are recorded as net assets without donor restrictions. Contributions of assets other than cash are recorded at their estimated fair value at the date of donation.

### ***Debt Issuance Costs***

Debt issuance costs are reported on the statement of financial position as a reduction of the carrying amount of the related debt, and amortized on a method that approximates the interest method over the life of the associated debt. Amortization of debt issuance costs is included in interest expense.

## **Hellenic Classical Charter School**

Notes to Financial Statements  
June 30, 2019

### **2. Summary of Significant Accounting Policies (*continued*)**

#### ***Functional Expense Allocation***

The majority of expenses can generally be directly identified with the program or supporting service to which they relate and are charged accordingly. Other expenses by function have been allocated among program and supporting services classifications on the basis of periodic time and expense studies and other basis as determined by management of the School to be appropriate.

#### ***Accounting for Uncertainty in Income Taxes***

The School recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the School had no uncertain tax positions that would require financial statement recognition or disclosure. The School is no longer subject to examinations by the applicable taxing jurisdictions for years prior to June 30, 2016.

#### ***Deferred Rent***

The School records its rent in accordance with U.S. GAAP guidance whereby all rental payments, including fixed rent increases, are recognized on a straight-line basis as an offset to rent expense. The difference between the straight-line rent expense and the required lease payments, as well as any unamortized lease incentives, is reflected in deferred rent in the accompanying statements of financial position.

#### ***Subsequent Events Evaluation by Management***

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 15, 2019.

### **3. Management's Plan for Liquidity**

As reported on the balance sheet, the School's current liabilities exceed current assets as of June 30, 2019. Management acknowledges that the cumulative effect of its construction expenditures and leasehold improvements in prior reporting periods has impacted the School's liquidity. However, the construction expenditures have ended, and management has continued to improve its liquidity through fundraising, increase in enrollment, reduction of expenditures and use of a credit line. In addition, as described in Note 7, the School's loan payable matures on January 5, 2020. Management anticipates that they will be able to refinance the loan with their existing lender. There can be no assurance as to the availability or terms upon which such extension or financing might be available. Management believes that these measures will enable the School to satisfy its financial obligations going forward.

### **4. Grants and Contracts Receivable**

Grants and contracts receivable consist of federal, state, and city entitlements and grants. The School expects to collect these receivables within one year.

## Hellenic Classical Charter School

### Notes to Financial Statements June 30, 2019

#### 5. Property and Equipment

Property and equipment consists of the following at June 30, 2019:

Furniture and fixtures	\$ 714,831
Computers and other equipment	85,506
Leasehold improvements	<u>15,467,763</u>
	16,268,100
Accumulated depreciation and amortization	<u>(5,258,354)</u>
	<u>\$ 11,009,746</u>

#### 6. Liquidity and Availability of Financial Assets

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use within one year of the statement of financial position date, are comprised of the following at June 30, 2019:

Financial assets at year end:

Cash	\$ 135,048
Grants and contracts receivable	85,079
Other current assets	<u>37,394</u>
	257,521
Net assets with donor restrictions	<u>(93,714)</u>
	<u>\$ 163,807</u>

As part of the School's liquidity management plan, the status of grants and contracts receivable is monitored regularly and any excess cash is held in money market accounts and other liquid instruments until it is required for operational use. To help manage unanticipated liquidity needs, the School has a line of credit in the amount of \$200,000, and a construction line of credit in the amount of \$500,000 which it could draw upon as further disclosed in Note 8.

#### 7. Loan Payable

On April 5, 2012, the School entered into a leasehold mortgage agreement with Hudson Valley National Bank in the amount of up to \$8,000,000 in order to finance leasehold improvements to the school and refinance all or a portion of a construction loan previously obtained. The loan is secured by the building and its contents. The interest rate on the loan is The Wall Street Journal's prime rate plus 1.5%, but in no event less than 6.0%.

On September 8, 2014, the School converted the construction loan into a mortgage and increased the balance to \$8,280,000. The loan is secured by the building and its contents. Monthly payments of principal and interest commenced in October 2014 based on an amortization period of 25 years. Interest on the loan is at 4.5% per annum. The loan matures on January 5, 2020. The School is currently in the process of applying for a one year loan extension with their current financial institution. A balloon payment of \$7,226,084 is due at maturity. Interest expense on the loan was \$340,151 for the year ended June 30, 2019.

## Hellenic Classical Charter School

### Notes to Financial Statements June 30, 2019

#### 7. Loan Payable (*continued*)

The School's loan has a debt covenant requirement to maintain a minimum of two million dollars of net assets without donor restrictions. As of June 30, 2019, net assets without donor restrictions was \$1,362,385. The School has obtained a waiver from the bank for this requirement.

As of June 30, 2019 the balance of the loan, net of unamortized debt issuance costs of \$10,411, was \$7,326,807.

#### 8. Line of Credit

The School has a line of credit of \$200,000. Interest is payable monthly at an interest rate of prime plus .75%. The interest rate as of June 30, 2019 was 6.25%. The line of credit is collateralized with the School's corporate assets. The line of credit matures on January 5, 2020 and renews automatically. The balance outstanding at June 30, 2019 is \$200,000. Interest expense on the line of credit for 2019 was \$9,742. The line of credit is cross-collateralized and cross-default with the loan payable (Note 7). In addition, a material adverse change in the School's financial condition could result in a default on the loan.

On July 25, 2014, the School entered into a revolving line of credit with the construction company in the amount of \$500,000 with an interest rate of 5% per annum. As of June 30, 2019, there was no outstanding balance.

#### 9. Net Assets with Donor Restrictions

As of June 30, 2019, net assets with donor restrictions were available for the following purposes:

Classroom Libraries/STEAM	\$ 35,275
Air conditioning system	58,439
	<u>\$ 93,714</u>

During the year ended June 30, 2019, net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by the occurrence of other events specified by donors as follows:

Technology	\$ 21,201
History Day Fair/ Ancient Greek Theatre	13,827
Classroom Libraries/STEAM	14,696
Air conditioning system	50,000
	<u>\$ 99,724</u>

## Hellenic Classical Charter School

### Notes to Financial Statements June 30, 2019

#### 10. Employee Benefit Plan

The School maintains a defined contribution retirement plan qualified under Internal Revenue Code 401(k) for the benefit of its eligible employees. Under the Plan the School provides matching contributions up to 3% of annual compensation on a discretionary basis. The School did not contribute to the Plan for the year ended June 30, 2019.

#### 11. Lease Commitment

On March 14, 2012, the School entered into a thirty-year non-cancelable operating lease for the facility space expiring on June 30, 2042. The School has the option to extend the lease for ten years and another nine years. Annual lease payments commence at \$500,000 per annum for the first two years and increase incrementally through the life of the lease. The School obtained a credit of \$3,900,060 as a result of improvements to the building completed in September 2014. The credit will be applied against rent payments due over the first 15 years of the lease commencing after construction is completed and amortized over 30 years. During the year ended June 30, 2019 the School received \$260,000 of the credit. The School has credits due of \$2,908,389 as of June 30, 2019. In addition, in 2017 the School was obligated to pay the landlord \$600,000 plus interest at 1.75% per annum, to compensate for the inconvenience resulting during construction. The balance due as of June 30, 2019 was \$135,957. Interest expense was \$6,008 for the year ended June 30, 2019. In addition, the School entered into two leases for copier machines. The leases started in November 2015 for a term of 60 months and will expire in October 2020.

The future minimum lease payments under the facility lease is as follows for the years ending June 30:

2020	\$ 551,250
2021	578,813
2022	578,813
2023	578,813
2024	607,753
Thereafter	<u>12,569,563</u>
	<u>\$ 15,465,005</u>

Rent expense is recognized on the straight-line basis. The differences between cash payments under the lease agreement and the straight-line rent have been recognized as deferred rent in the accompanying statements of financial position from inception of the lease. Balance in deferred rent at June 30, 2019 was \$870,742.

Rent expense under the operating lease for the year ended June 30, 2019 was \$508,081. The copier lease expense for the year ended June 30, 2019 was \$22,860.

## **Hellenic Classical Charter School**

### **Notes to Financial Statements June 30, 2019**

#### **12. Concentration of Credit Risk**

Financial instruments that potentially subject the School to concentrations of credit and market risk consist principally of cash and cash equivalents on deposit with financial institutions, which from time to time may exceed the Federal Deposit Insurance Corporation limit. The School does not believe that a significant risk of loss due to the failure of a financial institution presently exists.

#### **13. Concentration of Revenue and Support**

The School receives a substantial portion of its support and revenue from the New York City Department of Education. For the year ended June 30, 2019, the School received approximately 93% of its total revenue and support from the New York City Department of Education. If the charter school laws were modified, reducing or eliminating these revenues, the School's finances could be materially adversely affected.

#### **14. Contingency**

Certain grants and contracts may be subject to audit by the funding sources. Such audits might result in disallowances of costs submitted for reimbursement. Management is of the opinion that such cost disallowances, if any, will not have a material effect on the accompanying financial statements. Accordingly, no amounts have been provided in the accompanying financial statements for such potential claims.

\* \* \* \* \*

**Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards**

**Independent Auditors' Report**

**Board of Trustees  
Hellenic Classical Charter School**

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Hellenic Classical Charter School (the "School"), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 15, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*PKF O'Connor Davies, LLP*

Harrison, New York  
October 15, 2019



# Entry 5c Additional Financial Docs

Created: 10/29/2019 • Last updated: 11/01/2019

The additional items listed below should be uploaded if applicable. Please explain the reason(s) if the items are not included. Examples might include: a written management letter was not issued; the school did not expend federal funds in excess of the Single Audit Threshold of \$750,000; the corrective action plan will be submitted by the following date (should be no later than 30 days from the submission of the report); etc.

## Section Heading

### 1. Management Letter

<https://nysed-cso-reports.fluidreview.com/resp/118809692/8mMlunnVv3/>

**Explanation for not uploading** (No response)  
**the Management Letter.**

### 2. Form 990

<https://nysed-cso-reports.fluidreview.com/resp/118809692/FINDqRIBTE/>

**Explanation for not uploading** (No response)  
**the Form 990.**

### 3. Federal Single Audit

Note: A copy of the Federal Single Audit must be filed with the Federal Audit Clearinghouse. Please refer to OMB Uniform Guidelines for the federal filing requirements.

(No response)

**Explanation for not uploading** N/A  
**the Federal Single Audit.**

### 4. CSP Agreed Upon Procedure Report

(No response)

**Explanation for not uploading** N/A  
**the procedure report.**

## 5. Evidence of Required Escrow Account

**Note: For BOR schools chartered or renewed after the 2017-2018 school year, the escrow account per school is \$100,000.**

<https://nysed-cso-reports.fluidreview.com/resp/118809692/pN6H0Nalce/>

**Explanation for not uploading the Escrow evidence.** (No response)

## 6. Corrective Action Plan

A **Corrective Action Plan** for Audit Findings and Management Letter Recommendations, which must include:

- a. The person responsible
- b. The date action was taken, or will be taken
- c. Description of the action taken
- d. Evidence of implementation (if available)

<https://nysed-cso-reports.fluidreview.com/resp/118809692/JDKdnGTC4H/>

**Explanation for not uploading the Corrective Action Plan.** (No response)

## **Hellenic Classical Charter School**

Independent Auditors' Communication of  
Internal Control Related Matters Identified in the Audit

June 30, 2019



**Board of Trustees and Management of  
Hellenic Classical Charter School**

In planning and performing our audit of the financial statements of Hellenic Classical Charter School (the "School") as of and for the year ended June 30, 2019, in accordance with auditing standards generally accepted in the United States of America, we considered the School's internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified.

We did not identify any deficiencies in internal control that we consider to be material weaknesses, as defined above.

We have other observations and recommendations that are opportunities for strengthening internal control and/or operating efficiency, presented in Addendum A to this letter.

This communication is intended solely for the information and use of management, the audit committee, the Board of Trustees, The New York City Department of Education, The State Education Department of the State University of New York, and others within the School, and is not intended to be and should not be used by anyone other than these specified parties.

*PKF O'Connor Davies, LLP*

Harrison, New York  
October 15, 2019

## **Addendum A**

### **Other Observations and Recommendations for Strengthening Internal Control and/or Operating Efficiency**

#### **1. Maintenance of Student Records**

During our test of 40 student files we noted that a substantial portion of student files did not contain proof of residency as required by the New York City Department of Education.

In an effort to ensure that student records are complete, we recommend that the School's checklist be utilized to insure that information is complete and up to date for each student file.

#### **2. Updating the Policies and Procedures Manual**

We noted that although the School previously adopted and implemented a formal financial policies and procedures manual (the "manual"), there are a number of policies, procedures, and thresholds that should be reviewed and updated by management due to the opening of a new charter school in Staten Island. This will help improve the School's ability to process, record, summarize, and report financial information.

We recommend that consideration be given to updating the manual wherein thresholds are increased to a more practical range and finance and accounting policies and procedures are clearly defined.

\* \* \* \* \*

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

HELLENIC CLASSICAL CHARTER SCHOOL

**D** Employer identification number

38-3719653

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

646 5TH AVE

**E** Telephone number

(718) 499-0957

City or town, state or province, country, and ZIP or foreign postal code

BROOKLYN, NY 11215

**G** Gross receipts \$ 8,356,895.**F** Name and address of principal officer:

JOY PETRAKOS

646 5TH AVE BROOKLYN, NY 11215

**H(a)** Is this a group return for subordinates?☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status:☒ X

501(c)(3)

☐ 501(c) ( ) ◀ (insert no.)☐ 4947(a)(1) or☐ 527**J** Website: ▶ HCCS-NYS.ORG**K** Form of organization:☒ X

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation: 2005**M** State of legal domicile: NY**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: PUBLIC CHARTER SCHOOL THAT PREPARES STUDENTS INTELLECTUALLY, SOCIALLY AND EMOTIONALLY, SO THEY MAY GAIN ENTRY TO AND SUCCEED IN THE BEST HIGH SCHOOLS IN NEW YORK CITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	8.
4	8.
5	75.
6	8.
7a	0.
7b	4,236.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	777,742.	970,713.
9 Program service revenue (Part VIII, line 2g)	7,193,899.	7,351,865.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,243.	607.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,578.	33,710.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,980,462.	8,356,895.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,720,568.	6,421,985.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,799.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,683,152.	2,847,070.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,403,720.	9,269,055.
19 Revenue less expenses. Subtract line 18 from line 12	-423,258.	-912,160.
20 Total assets (Part X, line 16)	13,195,283.	12,334,198.
21 Total liabilities (Part X, line 26)	10,266,833.	10,317,908.
22 Net assets or fund balances. Subtract line 21 from line 20.	2,928,450.	2,016,290.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

AARON SHAPIRO

Preparer's signature

Date

6/13/19

Check ☐ if self-employed

PTIN

P01333816

Firm's name ▶ BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 655 THIRD AVENUE #1200 NEW YORK, NY 10017

Phone no. 212.867.4000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ X

Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

HELLENIC CLASSICAL CHARTER SCHOOL (HCCS) WAS ORGANIZED TO PREPARE  
ALL STUDENTS INTELLECTUALLY, SOCIALLY AND EMOTIONALLY, SO THEY MAY  
GAIN ENTRY TO AND SUCCEED IN THE BEST HIGH SCHOOLS IN NEW YORK CITY.

**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 ☒ 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.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 7,536,978. including grants of \$ ) (Revenue \$ 7,351,865. )

TO INCREASE LEARNING OPPORTUNITIES FOR STUDENTS THROUGH INNOVATIVE  
EDUCATIONAL PROGRAMS AND TO ENABLE PARENTS TO BE MORE INVOLVED IN  
THEIR CHILDREN'S EDUCATION. IN FISCAL YEAR 2018, HCCS OPERATED  
CLASSES FOR 497 STUDENTS IN PRE-K THROUGH 8TH GRADE.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 7,536,978.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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. . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b>	X
<b>5</b> 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. . . . .	<b>5</b>	X
<b>6</b> 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. . . . .	<b>6</b>	X
<b>7</b> 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. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. . . . .	<b>9</b>	X
<b>10</b> 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. . . . .	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b> X	
<b>b</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 VII. . . . .	<b>11b</b>	X
<b>c</b> 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. . . . .	<b>11c</b>	X
<b>d</b> 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. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</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. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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. . . . .	<b>14b</b>	X
<b>15</b> 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. . . . .	<b>15</b>	X
<b>16</b> 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. . . . .	<b>16</b>	X
<b>17</b> 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). . . . .	<b>17</b>	X
<b>18</b> 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. . . . .	<b>18</b>	X
<b>19</b> 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. . . . .	<b>19</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b>	36
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b>	0.
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b>	75
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	<b>3b</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 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.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b> 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? . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 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: ►

JOY PETRAKOS 646 5TH AVE BROOKLYN, NY 11215

7184990957

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES CAPETANAKIS CHAIRMAN	4.00 0.	X		X				0.	0.	0.
(2) HARVEY NEWMAN SECRETARY	4.00 0.	X		X				0.	0.	0.
(3) NIKOLAOS LEONARDOS TREASURER	4.00 0.	X		X				0.	0.	0.
(4) DEAN ANGELAKOS BOARD MEMBER	4.00 0.	X						0.	0.	0.
(5) EFFIE LEKAS BOARD MEMBER	4.00 0.	X						0.	0.	0.
(6) NIKIFOROS MATTHEWS BOARD MEMBER	4.00 0.	X						0.	0.	0.
(7) LIANA THEODORATOU BOARD MEMBER	4.00 0.	X						0.	0.	0.
(8) GRAZIA SVOKOS BOARD MEMBER	4.00 0.	X						0.	0.	0.
(9) CHRISTINA TETTONIS PRINCIPAL	40.00 0.			X				298,254.	0.	8,950.
(10) JOY PETRAKOS DIRECTOR OF OPERATIONS	40.00 0.			X				137,589.	0.	21,223.
(11) NATASHA CABAN ASSISTANT PRINCIPAL	40.00 0.					X		117,759.	0.	20,751.
(12)										
(13)										
(14)										

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	3
---	---	---

		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	703,464.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	267,249.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		37,367.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		970,713.			
<b>Program Service Revenue</b>	<b>2a</b>	PER PUPIL REVENUE	<b>Business Code</b>	611110	7,351,865.	7,351,865.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		7,351,865.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		607.			607.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		0.			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events. . . . .		0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	OTHER		900099	33,710.			33,710.
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			33,710.			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .			8,356,895.	7,351,865.		34,317.

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	475,187.	277,208.	183,460.	14,519.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	4,580,191.	3,990,840.	589,351.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	71,175.	63,491.	7,684.	
9 Other employee benefits . . . . .	875,447.	755,217.	118,756.	1,474.
10 Payroll taxes . . . . .	419,985.	355,937.	62,914.	1,134.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	42,000.	42,000.		
c Accounting . . . . .	30,925.	19,804.	10,924.	197.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	382,847.	324,463.	57,350.	1,034.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	370,463.	305,602.	63,887.	974.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	729,326.	610,905.	116,475.	1,946.
17 Travel . . . . .	50,294.	42,624.	7,534.	136.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	411,546.		411,546.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	705,454.	650,813.	52,568.	2,073.
23 Insurance . . . . .	70,542.	59,785.	10,567.	190.
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.)				
a MISCELLANEOUS . . . . .	53,673.	38,289.	15,262.	122.
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	9,269,055.	7,536,978.	1,708,278.	23,799.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	180,407.	<b>1</b>	268,831.
	<b>2</b> Savings and temporary cash investments . . . . .	746,815.	<b>2</b>	60,329.
	<b>3</b> Pledges and grants receivable, net . . . . .	418,232.	<b>3</b>	368,990.
	<b>4</b> Accounts receivable, net . . . . .	15,995.	<b>4</b>	3,160.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,135.	<b>9</b>	23,285.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 16,226,692.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,617,089.		
		11,819,699.	<b>10c</b>	11,609,603.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,195,283.	<b>16</b>	12,334,198.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,937,611.	<b>17</b>	1,983,855.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,823,882.	<b>23</b>	7,680,148.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	505,340.	<b>25</b>	653,905.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	10,266,833.	<b>26</b>	10,317,908.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,848,053.	<b>27</b>	1,872,044.
	<b>28</b> Temporarily restricted net assets . . . . .	80,397.	<b>28</b>	144,246.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	2,928,450.	<b>33</b>	2,016,290.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,195,283.	<b>34</b>	12,334,198.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	8,356,895.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	9,269,055.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-912,160.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,928,450.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	2,016,290.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
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

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
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? . . . . .

- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

Employer identification number

38-3719653

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

**Part II 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**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 tax year? If "No," describe in <b>Part VI</b> 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.	<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . .			
<b>b</b>	Excess from 2014 . . . .			
<b>c</b>	Excess from 2015 . . . .			
<b>d</b>	Excess from 2016 . . . .			
<b>e</b>	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

---

## Schedule of Contributors

OMB No. 1545-0047

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Name of the organization**

HELLENIC CLASSICAL CHARTER SCHOOL

**Employer identification number**

38-3719653

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **HELLENIC CLASSICAL CHARTER SCHOOL**Employer identification number  
38-3719653**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AGNES VARIS TRUST 633 WHITE PINE ROAD FRANKLIN LAKES, NJ 07417	\$ 205,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HELLENIC CLASSICAL CHARTER SCHOOL**

Employer identification number

38-3719653

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
    	    	\$    	    
    	    	\$    	    
    	    	\$    	    
    	    	\$    	    
    	    	\$    	    
    	    	\$    	    
    	    	\$    	    

Name of organization **HELLENIC CLASSICAL CHARTER SCHOOL**

Employer identification number

38-3719653

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

Employer identification number

38-3719653

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ► \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %  
**b** Permanent endowment  %  
**c** Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		15,462,513.	3,986,250.	11,476,263.
<b>d</b> Equipment		764,179.	630,839.	133,340.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,609,603.

Schedule D (Form 990) 2017

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	653,905.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		653,905.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
---------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	8,356,895.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	8,356,895.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	8,356,895.

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	9,269,055.	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>			
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>			
<b>c</b>	Other losses . . . . .	<b>2c</b>			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>			
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>		
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	9,269,055.	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>			
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>			
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .				<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	9,269,055.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

**Part XIII** Supplemental Information *(continued)*

---

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

Employer identification number

38-3719653

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . .	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		X
b Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	X	

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PART I, LINE 3

THE SCHOOL PUBLICIZED ITS RACIALLY NONDISCRIMINATION POLICY  
THROUGH THE FOLLOWING NEWSPAPERS: EL ESPECIALITO, BROOKLYN  
FAMILY MAGAZINE, NEO MAGAZINE, THE NATIONAL HERALD, GREEK NEWS  
NEWSPAPER.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

Employer identification number

38-3719653

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTINA TETTONIS PRINCIPAL	(i)	298,254.	0.	0.	8,950.	0.	307,204.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 JOY PETRAKOS DIRECTOR OF OPERATIONS	(i)	137,589.	0.	0.	4,193.	17,030.	158,812.	
	(ii)	0.	0.	0.	0.	0.	0.	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

Employer identification number

38-3719653

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (TEXTBOOKS)	X	1.	37,367.	VALUE OF BOOKS
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

1075NT V01B 10/10/2019 7:35:24 AM V 17-7.10

2651

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HELLENIC CLASSICAL CHARTER SCHOOL

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

38-3719653

FORM 990, PART VI, SECTION B, LINE 11B

A COPY OF THE RETURN IS REVIEWED BY MANAGEMENT, AND GIVEN TO THE  
EXECUTIVE COMMITTEE AND THE BOARD BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ANY TRUSTEE, OFFICER, KEY EMPLOYEE, OR COMMITTEE MEMBER HAVING AN  
INTEREST IN A CONTRACT, OTHER TRANSACTION OR PROGRAM PRESENTED TO OR  
DISCUSSED BY THE BOARD OR BOARD COMMITTEE FOR AUTHORIZATION, APPROVAL, OR  
RATIFICATION SHALL MAKE A PROMPT, FULL AND FRANK DISCLOSURE OF HIS OR HER  
INTEREST TO THE BOARD OR COMMITTEE PRIOR TO ITS ACTING ON SUCH CONTRACT  
OR TRANSACTION. SUCH DISCLOSURE SHALL INCLUDE ALL RELEVANT AND MATERIAL  
FACTS KNOWN TO SUCH PERSON ABOUT THE CONTRACT OR TRANSACTION THAT  
REASONABLY BE CONSTRUED TO BE ADVERSE TO THE CORPORATION'S INTEREST.

THE BODY TO WHICH SUCH DISCLOSURE IS MADE SHALL THEREUPON DETERMINE, BY  
MAJORITY VOTE, WHETHER THE DISCLOSURE SHOWS THAT A CONFLICT OF INTEREST  
EXISTS OR CAN REASONABLY BE CONSTRUED TO EXIST. IF A CONFLICT IS DEEMED  
TO EXIST, SUCH PERSON SHALL NOT VOTE ON, NOR USE HIS OR HER PERSONAL  
INFLUENCE ON, NOR BE PRESENT DURING THE DISCUSSION OR DELIBERATIONS WITH  
RESPECT TO, SUCH CONTRACT OR TRANSACTION (OTHER THAN TO PRESENT FACTUAL  
INFORMATION OR TO RESPOND TO QUESTIONS PRIOR TO THE DISCUSSION). THE  
MINUTES OF THE BOARD MEETINGS SHALL CONTAIN:

1. REGULAR ANNUAL STATEMENTS FROM TRUSTEES, OFFICERS AND KEY EMPLOYEES TO

Name of the organization HELLENIC CLASSICAL CHARTER SCHOOL	Employer identification number 38-3719653
---	--

DISCLOSE EXISTING AND POTENTIAL CONFLICTS OF INTEREST; AND

2. CORRECTIVE AND DISCIPLINARY ACTIONS WITH RESPECT TO TRANSGRESSIONS OF SUCH POLICIES. FOR THE PURPOSE OF THIS SECTION, A PERSON SHALL BE DEEMED TO HAVE AN INTEREST IN A CONTRACT OR OTHER TRANSACTION IF HE OR SHE IS THE PARTY (OR ONE OF THE PARTIES) OR FAMILY MEMBER OF ONE OF THE PARTIES CONTRACTING OR DEALING WITH THE CORPORATION, OR IS A DIRECTOR, TRUSTEE OR OFFICER OF, OR HAS A SIGNIFICANT FINANCIAL OR INFLUENTIAL INTEREST IN THE ENTITY CONTRACTING OR DEALING WITH THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 15B

THE BOARD OF DIRECTORS DETERMINE THE SALARIES THE ORGANIZATION USES FOR THE TOP MANAGEMENT AND OFFICERS. THIS PROCESS WAS LAST CONDUCTED IN JUNE 2017.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A WRITTEN REQUEST TO THE DIRECTOR OF OPERATIONS.



# STERLING NATIONAL BANK

21 Scarsdale Road  
Yonkers, New York 10707

## September 2019




Reporting Activity 09/01 - 09/30

Page 1 of 4

RETURN SERVICE REQUESTED

HELLENIC CLASSICAL CHARTER SCHOOL  
ESCROW ACCOUNT  
646 5TH AVE  
BROOKLYN NY 11215-5401

### Contact Us

	Client Services	855-274-2800
	Mailing Address	21 Scarsdale Road Yonkers, NY 10707
	Online Access	<a href="https://www.snb.com">https://www.snb.com</a>

### SUMMARY OF ACCOUNTS

ACCOUNT TYPE	ACCOUNT NUMBER	ENDING BALANCE
COMMERCIAL CHECKING WITH ANALYSIS	XXXXXX1901	\$71,039.82

### COMMERCIAL CHECKING WITH ANALYSIS - XXXXXX1901

#### Account Summary

Date	Description			
09/01/2019	Beginning Balance	\$71,039.82	Average Ledger Balance	\$71,039.82
	0 Debit(s) this period	\$0.00	Average Available Balance	\$71,039.82
	0 Credit(s) this period	\$0.00		
09/30/2019	Ending Balance	\$71,039.82		

#### Transaction Activity

Transaction Date	Description	Debits	Credits	Balance
09/01/2019	Beginning Balance			\$71,039.82
	No activity this statement period			
09/30/2019	Ending Balance			\$71,039.82

#### Daily Balances

Date	Amount
08/31/2019	\$71,039.82



MEMBER  
FDIC

THIS PAGE LEFT INTENTIONALLY BLANK



**COMMERCIAL CHECKING WITH ANALYSIS - XXXXXX1901 (continued)**

**Overdraft and Returned Item Fees**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



THIS PAGE LEFT INTENTIONALLY BLANK



# Entry 5d Financial Services Contact Information

Last updated: 07/18/2019

Regents, NYCDOE and Buffalo BOE authorized schools should enter the financial contact information requested and upload the independent auditor's report and internal controls reports as one combined file.

## HELLENIC CLASSICAL CHARTER SCHOOLSection Heading

### 1. School Based Fiscal Contact Information

	School Based Fiscal Contact Name	School Based Fiscal Contact Email	School Based Fiscal Contact Phone
	Christina Portelos	<a href="mailto:CPortelos@hccs-nys.org">CPortelos@hccs-nys.org</a>	718-499-0957

### 2. Audit Firm Contact Information

	School Audit Contact Name	School Audit Contact Email	School Audit Contact Phone	Years Working With This Audit Firm
	Gus Saliba, PKF	<a href="mailto:gsaliba@pkfod.com">gsaliba@pkfod.com</a>	914-381-8900	0

### 3. If applicable, please provide contact information for the school's outsourced financial services firm.

	Firm Name	Contact Person	Mailing Address	Email	Phone	Years with Firm

# New York State Education Department

## Request for Proposals to Establish Charter Schools Authorized by the Board of Regents

### 2019-20 Budget & Cash Flow Template

#### General Instructions and Notes for New Application Budgets and Cash Flows Templates

1	Complete ALL SIX columns in <b>BLUE</b>
2	Enter information into the <b>GRAY</b> cells
3	Cells containing <b>RED</b> triangles in the upper right corner in columns B through G contain guidance on that particular item
4	School district per-pupil tuition information is located on the State Aid website at <a href="https://stateaid.nysed.gov/charter/">https://stateaid.nysed.gov/charter/</a> . Rows may be inserted in the worksheet to accommodate additional districts if necessary.
5	The Assumptions column should be completed for all revenue and expense items unless the item is self-explanatory. Where applicable, please reference the page number or section in the application narrative that indicates the assumption being made. For instance, student enrollment would reference the applicable page number in Section I, C of the application narrative.

# HELLENIC CLASSICAL CHARTER SCHOOL

## PROJECTED BUDGET FOR 2018-2019

July 1, 2019 to June 30, 2020

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 155. This will populate the data in row 10.

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Total Revenue	6,985,958	860,649	-	140,538	988,218	8,975,362
Total Expenses	6,521,605	825,138	-	10,235	448,795	7,805,773
Net Income	464,353	35,511	-	130,302	539,423	1,169,589
Actual Student Enrollment	516	49				-
Total Paid Student Enrollment	-	-				-

### PROGRAM SERVICES

### SUPPORT SERVICES

REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
----------------------	----------------------	-------	-------------	-------------------------	-------

### REVENUE

#### REVENUES FROM STATE SOURCES

Per Pupil Revenue	CY Per Pupil Rate
District 15	\$16,150.00
Universal PreK	\$10,000.00
School District 3 (Enter Name)	
School District 4 (Enter Name)	
School District 5 (Enter Name)	

6,508,492	524,449	-	22,538	988,218	8,043,696
180,000	-	-	-	-	180,000
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
6,688,492	524,449	-	22,538	988,218	8,223,696

Special Education Revenue

-	311,700	-	-	-	311,700
---	---------	---	---	---	---------

Grants

Stimulus

Other

96,114	-	-	-	-	96,114
-	-	-	-	-	-

Other State Revenue

40,000	-	-	-	-	40,000
--------	---	---	---	---	--------

#### TOTAL REVENUE FROM STATE SOURCES

6,824,606	836,149	-	22,538	988,218	8,671,510
-----------	---------	---	--------	---------	-----------

#### REVENUE FROM FEDERAL FUNDING

IDEA Special Needs

Title I

Title Funding - Other

School Food Service (Free Lunch)

Grants

Charter School Program (CSP) Planning & Implementation

Other

Other Federal Revenue

-	24,500	-	-	-	24,500
149,400	-	-	-	-	149,400
11,952	-	-	-	-	11,952
-	-	-	-	-	-

-	-	-	-	-	-
-	-	-	-	-	-

#### TOTAL REVENUE FROM FEDERAL SOURCES

161,352	24,500	-	-	-	185,852
---------	--------	---	---	---	---------

#### LOCAL and OTHER REVENUE

Contributions and Donations, Fundraising

Erate Reimbursement

Interest Income, Earnings on Investments,

NYC-DYCD (Department of Youth and Community Developmt.)

Food Service (Income from meals)

Text Book

Other Local Revenue

-	-	-	108,000	-	108,000
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	10,000	-	10,000

#### TOTAL REVENUE FROM LOCAL and OTHER SOURCES

-	-	-	118,000	-	118,000
---	---	---	---------	---	---------

#### TOTAL REVENUE

6,985,958	860,649	-	140,538	988,218	8,975,362
-----------	---------	---	---------	---------	-----------

### EXPENSES

#### ADMINISTRATIVE STAFF PERSONNEL COSTS

No. of Positions

Superintendent

Instructional Management

Deans, Directors & Coordinators

1.00	123,793	9,975	-	429	18,796	152,993
1.00	121,371	9,780	-	420	18,428	150,000
1.00	57,238	6,262	-	-	-	63,500

# HELLENIC CLASSICAL CHARTER SCHOOL

## PROJECTED BUDGET FOR 2018-2019

July 1, 2019 to June 30, 2020

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 155. This will populate the data in row 10.

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Total Revenue	6,985,958	860,649	-	140,538	988,218	8,975,362
Total Expenses	6,521,605	825,138	-	10,235	448,795	7,805,773
Net Income	464,353	35,511	-	130,302	539,423	1,169,589
Actual Student Enrollment	516	49				-
Total Paid Student Enrollment	-	-				-

		PROGRAM SERVICES			SUPPORT SERVICES		
		REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Chief of Operations	1.00	56,640	4,564	-	196	8,600	70,000
Dir of Finance & Operations	1.00	101,143	8,150	-	350	15,357	125,000
Administrative Staff	4.00	245,867	19,812	-	851	37,331	303,861
<b>TOTAL ADMINISTRATIVE STAFF</b>	<b>9</b>	<b>706,052</b>	<b>58,543</b>	<b>-</b>	<b>2,247</b>	<b>98,513</b>	<b>865,354</b>
<b>INSTRUCTIONAL PERSONNEL COSTS</b>							
Teachers - Regular	-	1,299,100	-	-	-	-	1,299,100
Teachers - SPED	-	-	344,204	-	-	-	344,204
Substitute Teachers	-	99,712	10,908	-	-	-	110,620
Teaching Assistants	-	158,761	17,368	-	-	-	176,129
Specialty Teachers	-	1,457,392	159,438	-	-	-	1,616,830
Aides	3.00	49,358	3,977	-	171	7,494	61,000
Therapists & Counselors	2.00	86,065	9,416	-	-	-	95,481
Other	-	-	-	-	-	-	-
<b>TOTAL INSTRUCTIONAL</b>	<b>5</b>	<b>3,150,388</b>	<b>545,311</b>	<b>-</b>	<b>171</b>	<b>7,494</b>	<b>3,703,364</b>
<b>NON-INSTRUCTIONAL PERSONNEL COSTS</b>							
Nurse	-	-	-	-	-	-	-
Librarian	1.00	29,635	3,242	-	-	-	32,878
Custodian	2.00	87,387	7,042	-	303	13,268	108,000
Security	2.00	94,751	7,635	-	328	14,386	117,100
Other	-	-	-	-	-	-	-
<b>TOTAL NON-INSTRUCTIONAL</b>	<b>5</b>	<b>211,773</b>	<b>17,919</b>	<b>-</b>	<b>631</b>	<b>27,655</b>	<b>257,978</b>
<b>SUBTOTAL PERSONNEL SERVICE COSTS</b>	<b>19</b>	<b>4,068,213</b>	<b>621,773</b>	<b>-</b>	<b>3,048</b>	<b>133,662</b>	<b>4,826,696</b>
<b>PAYROLL TAXES AND BENEFITS</b>							
Payroll Taxes		345,787	27,863	-	1,197	52,503	427,350
Fringe / Employee Benefits		731,411	58,937	-	2,533	111,054	903,934
Retirement / Pension		-	-	-	-	-	-
<b>TOTAL PAYROLL TAXES AND BENEFITS</b>		<b>1,077,198</b>	<b>86,800</b>	<b>-</b>	<b>3,730</b>	<b>163,556</b>	<b>1,331,284</b>
<b>TOTAL PERSONNEL SERVICE COSTS</b>		<b>5,145,411</b>	<b>708,572</b>	<b>-</b>	<b>6,778</b>	<b>297,218</b>	<b>6,157,980</b>
<b>CONTRACTED SERVICES</b>							
Accounting / Audit		25,083	2,021	-	87	3,809	31,000
Legal		33,984	2,738	-	118	5,160	42,000
Management Company Fee		-	-	-	-	-	-
Nurse Services		-	-	-	-	-	-
Food Service / School Lunch		-	-	-	-	-	-
Payroll Services		83,319	6,714	-	289	12,651	102,972
Special Ed Services		-	-	-	-	-	-
Titlment Services (i.e. Title I)		-	-	-	-	-	-
Other Purchased / Professional / Consulting		88,534	9,686	-	-	-	98,220
<b>TOTAL CONTRACTED SERVICES</b>		<b>230,921</b>	<b>21,159</b>	<b>-</b>	<b>493</b>	<b>21,619</b>	<b>274,192</b>

### SCHOOL OPERATIONS

# HELLENIC CLASSICAL CHARTER SCHOOL

## PROJECTED BUDGET FOR 2018-2019

July 1, 2019 to June 30, 2020

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 155. This will populate the data in row 10.

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Total Revenue	6,985,958	860,649	-	140,538	988,218	8,975,362
Total Expenses	6,521,605	825,138	-	10,235	448,795	7,805,773
Net Income	464,353	35,511	-	130,302	539,423	1,169,589
Actual Student Enrollment	516	49				-
Total Paid Student Enrollment	-	-				-

### PROGRAM SERVICES

### SUPPORT SERVICES

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Board Expenses	9,014	986	-	-	-	10,000
Classroom / Teaching Supplies & Materials	40,112	4,388	-	-	-	44,500
Special Ed Supplies & Materials	-	-	-	-	-	-
Textbooks / Workbooks	46,872	5,128	-	-	-	52,000
Supplies & Materials other	4,507	493	-	-	-	5,000
Equipment / Furniture	17,567	1,805	-	14	614	20,000
Telephone	7,913	638	-	27	1,202	9,780
Technology	44,278	4,129	-	86	3,767	52,260
Student Testing & Assessment	28,844	3,156	-	-	-	32,000
Field Trips	1,352	148	-	-	-	1,500
Transportation (student)	40,000	-	-	-	-	40,000
Student Services - other	11,267	1,233	-	-	-	12,500
Office Expense	28,559	2,301	-	99	4,336	35,295
Staff Development	59,994	6,706	-	-	-	66,700
Staff Recruitment	-	-	-	-	-	-
Student Recruitment / Marketing	9,710	782	-	34	1,474	12,000
School Meals / Lunch	-	-	-	-	-	-
Travel (Staff)	5,000	-	-	-	-	5,000
Fundraising	-	-	-	-	-	-
Misc.	9,813	624	-	1	61	10,500
Other	308,283	24,841	-	1,068	46,808	381,000
<b>TOTAL SCHOOL OPERATIONS</b>	<b>673,086</b>	<b>57,358</b>	<b>-</b>	<b>1,329</b>	<b>58,263</b>	<b>790,035</b>

### FACILITY OPERATION & MAINTENANCE

Insurance	55,022	4,434	-	191	8,354	68,000
Janitorial	12,137	978	-	42	1,843	15,000
Building and Land Rent / Lease	235,659	18,989	-	816	35,781	291,246
Repairs & Maintenance	39,907	3,216	-	138	6,059	49,320
Equipment / Furniture	-	-	-	-	-	-
Security	22,656	1,826	-	78	3,440	28,000
Utilities	106,807	8,606	-	370	16,217	132,000
<b>TOTAL FACILITY OPERATION &amp; MAINTENANCE</b>	<b>472,188</b>	<b>38,049</b>	<b>-</b>	<b>1,635</b>	<b>71,695</b>	<b>583,566</b>

### DEPRECIATION & AMORTIZATION

### DISSOLUTION ESCROW & RESERVES / CONTINGENCY

	-	-	-	-	-	-
	-	-	-	-	-	-
<b>TOTAL EXPENSES</b>	<b>6,521,605</b>	<b>825,138</b>	<b>-</b>	<b>10,235</b>	<b>448,795</b>	<b>7,805,773</b>
<b>NET INCOME</b>	<b>464,353</b>	<b>35,511</b>	<b>-</b>	<b>130,302</b>	<b>539,423</b>	<b>1,169,589</b>

### ENROLLMENT - \*School Districts Are Linked To Above Entries\*

	REGULAR EDUCATION	SPECIAL EDUCATION	TOTAL ENROLLED
District 15	498	49	547
Universal PreK	18		18
School District 3 (Enter Name)			-
School District 4 (Enter Name)			-

# HELLENIC CLASSICAL CHARTER SCHOOL

## PROJECTED BUDGET FOR 2018-2019

July 1, 2019 to June 30, 2020

Please Note: The student enrollment data is entered below in the Enrollment Section beginning in row 155. This will populate the data in row 10.

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
Total Revenue	6,985,958	860,649	-	140,538	988,218	8,975,362
Total Expenses	6,521,605	825,138	-	10,235	448,795	7,805,773
Net Income	464,353	35,511	-	130,302	539,423	1,169,589
Actual Student Enrollment	516	49				-
Total Paid Student Enrollment	-	-				-

### PROGRAM SERVICES

### SUPPORT SERVICES

	REGULAR EDUCATION	SPECIAL EDUCATION	OTHER	FUNDRAISING	MANAGEMENT & GENERAL	TOTAL
School District 5 (Enter Name)			-			
TOTAL ENROLLMENT	516	49	565			
REVENUE PER PUPIL	13,539	17,564	-			
EXPENSES PER PUPIL	12,639	16,840	-			







[illegible]

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

Trustee Name:

Charles Capetanakis

Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):

Hellenic Classical Charter School

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

CHAIRMAN

2. Is the trustee an employee of any school operated by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?

☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered Yes to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself
2018-2019	Employment	DID NOT VOTE, REFUSED FROM DISCUSSION	DENA CAPETANAKIS, SPOUSE

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. <i>NE</i> Do not leave this space blank.				

  
Signature

7/12/18  
Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 212.557.7200

Business Address: Davidoff, Hatcher + Citron 605 3<sup>rd</sup> Ave, N.Y., N.Y. 10158

E-mail Address: cc@dhclegal.com

Home Telephone: 917.282.6106

Home Address: 93 86<sup>th</sup> St. Brooklyn, NY 11209

<p align="center"><b>Disclosure of Financial Interest by a Current or Proposed Charter School Education Corporation Trustee</b></p>
---

**Trustee Name:**

HARVEY NEWMAN

**Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):**

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative). SECRETARY, EDUCATION CHAIR

2. Is the trustee an employee of any school operated by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered **Yes** to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank.		
- NONE -		

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				
- NONE -				

Harvey Neuman 7.12.19  
Signature Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: HADAKAMI@yahoo.com

Home Telephone: 212.979.7787

Home Address: 417 GRAND ST., NY., N.Y., 10002

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

Trustee Name:

NIKOLAOS LEONARDOS

Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

TREASURER

2. Is the trustee an employee of any school operated by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write None. Please note that if you answered Yes to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank.	<u>NONE</u>
---	-------------

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				
<u>- NONE -</u>				

*Nickolas*  
Signature

7/15/19  
Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 718-238-7297

Business Address: 308 84th St. BROOKLYN, NY 11209

E-mail Address: NICKL@dafnons.com

Home Telephone: 718.748.5452

Home Address: 241 84th St., BROOKLYN, NY 11209

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

**Trustee Name:**

EFFIE LEKAS

**Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):**

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

MEMBER

2. Is the trustee an employee of any school operated by the Education Corporation?  
     Yes   ✓   No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?

     Yes   ✓   No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered **Yes** to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank.	NONE
---	------

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				
			NONE	

Signature

Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 718.997.4520

Business Address: 65-30 Kissena Blvd., Flushing, NY 11367

E-mail Address: EffieLekas@hotmail.com

Home Telephone: 718.423.2738

Home Address: 56-08 212<sup>th</sup> St, Bayside Hills, NY 11364

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

Trustee Name:

GRAZIA R. SVOKOS

Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

MEMBER

2. Is the trustee an employee of any school operated by the Education Corporation?  
     Yes   ✓   No

If **Yes**, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?

     Yes   ✓   No

If **Yes**, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered **Yes** to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank. — NONE —
---

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank. — NONE —				

Signature

July 13, 2019

Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 201. 230. 3396

Business Address: 633 WHITE PINE ROAD, FRANKLIN LANES, NJ 07417

E-mail Address: grsvokos@gmail.com

Home Telephone: 201. 644. 8007

Home Address: 633 WHITE PINE ROAD, FRANKLIN LANES, NJ 07417

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

Trustee Name:

Nikiforos Mathews

Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):

Hellenic Classical Charter School

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

2. Is the trustee an employee of any school operated by the Education Corporation?  
       \_\_\_ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?  
       \_\_\_ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered Yes to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself
Please write "None" if applicable. Do not leave this space blank.			

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				

Signature

Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 212.506.5257

Business Address: 51 West 52nd St., N.Y., N.Y., 10019

E-mail Address: dmathews@orrick.com

Home Telephone: 917.763.8908

Home Address: ~~127 Fifth Street, Stamford, CT 06905~~  
45 Bennington Place  
New Canaan, CT 06840

**Disclosure of Financial Interest by a Current or Proposed Charter School  
Education Corporation Trustee**

**Trustee Name:**

BASIL DEAN ANGELAKOS

**Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):**

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

MEMBER

2. Is the trustee an employee of any school operated by the Education Corporation?  
     Yes   ✓   No

If **Yes**, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?

     Yes   ✓   No

If **Yes**, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered **Yes** to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank.			
- NONE -			

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				
- NONE -				

Dean Angelakos  
Signature

7/24/19  
Date

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 347.721.5661

Business Address: 5 PENN PLAZA, STE 1928

E-mail Address: DANGELAKOS@CHACOMPANIES.COM

Home Telephone: 212.689.9386

Home Address: 132 E. 35<sup>th</sup> St., 11G, NY, NY 10011

<p align="center"><b>Disclosure of Financial Interest by a Current or Proposed Charter School Education Corporation Trustee</b></p>
---

**Trustee Name:**

DR. LIANA THEODORATOU

**Name of Charter School Education Corporation (for an unmerged school, this is the Charter School Name):**

HELLENIC CLASSICAL CHARTER SCHOOL

1. List all positions held on the education corporation board (e.g., president, treasurer, parent representative).

MEMBER

2. Is the trustee an employee of any school operated by the Education Corporation?  
☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

3. Is the trustee an employee or agent of the management company or institutional partner of the charter school(s) governed by the Education Corporation?

☐ Yes ☒ No

If Yes, for each school, please provide a description of the position(s) you hold, your responsibilities, your salary and your start date.

4. Identify each interest/transaction (and provide the requested information) that you or any of your immediate family members or any persons who live with you in your house have held or engaged in with the charter school(s) governed by the Education Corporation during the time you have served on the board, and in the six-month period prior to such service. If there has been no such financial interest or transaction, write **None**. Please note that if you answered **Yes** to Questions 2-4 above, you need not disclose again your employment status, salary, etc.

Date(s)	Nature of Financial Interest/Transaction	Steps taken to avoid a conflict of interest, (e.g., did not vote, did not participate in discussion)	Name of person holding interest or engaging in transaction and relationship to yourself

Please write "None" if applicable. Do not leave this space blank.			
- NONE -			

5. Identify each individual, business, corporation, union association, firm, partnership, committee proprietorship, franchise holding company, joint stock company, business or real estate trust, non-profit organization, or other organization or group of people doing business with the school(s) governed by the Education Corporation and in which such entity, during the time of your tenure as a trustee, you and/or your immediate family member(s) or person(s) living in your house had a financial interest or other relationship. If you are a member, director, officer or employee of an organization formally partnered with the school(s) that is/are doing business with the school(s) through a management or services agreement, please identify only the name of the organization, your position in the organization, and the relationship between such organization and the school(s). If there was no financial interest, write None.

Organization conducting business with the school(s)	Nature of business conducted	Approximate value of the business conducted	Name of Trustee and/or immediate family member of household holding an interest in the organization conducting business with the school(s) and the nature of the interest	Steps Taken to Avoid Conflict of Interest
Please write "None" if applicable. Do not leave this space blank.				
-	NONE		-	

Signature Dr. Liana Theodoratos Date 7/24/9

Please note that this document is considered a public record and as such, may be made available to members of the public upon request under the Freedom of Information Law. Personal contact information provided below will be redacted.

Business Telephone: 212.998.3990  
 Business Address: NYU, N.Y., N.Y., 10003  
 E-mail Address: hl11@nyu.edu  
 Home Telephone: 212.998.3990  
 Home Address: GREENWICH, NY 10003



# Entry 8 BOT Table

Created: 07/12/2019 • Last updated: 11/01/2019

1. SUNY-AUTHORIZED charter schools are required to provide information for VOTING Trustees only.
2. REGENTS, NYCDOE, and BUFFALO BOE-AUTHORIZED charter schools are required to provide information for all --VOTING and NON-VOTING-- trustees.

## 1. Current Board Member Information (Enter info for each BOT member)

	Trustee Name and Email Address	Position on the Board	Committee Affiliations	Voting Member Per By-Laws (Y/N)	Number of Terms Served	Start Date of Current Term (MM/DD/YYYY)	End Date of Current Term (MM/DD/YYYY)	Board Meetings Attended During 2018-19
1	Charles Capetankis <a href="mailto:cc@dhclegal.com">cc@dhclegal.com</a>	Chair	Education, Financial, Facilities	Yes	5	07/01/2017	06/30/2020	12
2	Harvey Newman <a href="mailto:hnewman@thecei-pea.org">hnewman@thecei-pea.org</a>	Secretary	Education Chair	Yes	5	07/01/2017	06/30/2020	9
3	Nick Leonardos <a href="mailto:NickL@dafnonas.com">NickL@dafnonas.com</a>	Treasurer	Financial, Facilities	Yes	5	07/01/2017	06/30/2020	11
4	Effie Lekas <a href="mailto:Effielekas@hotmail.com">Effielekas@hotmail.com</a>	Trustee/Member	Education	Yes	5	07/01/2017	06/30/2020	12
5	Grazia Svokos <a href="mailto:grsvokos@gmail.com">grsvokos@gmail.com</a>	Trustee/Member	Education	Yes	1	02/01/2017	06/30/2020	12
6	Nikiforos Mathews <a href="mailto:Nmathews@orrick.com">Nmathews@orrick.com</a>	Trustee/Member	Financial, Facilities	Yes	5	07/01/2017	06/30/2020	5 or less

	<a href="#">com</a>							
7	Dean Angelakos <a href="mailto:Dangelakos@chacompanies.com">Dangelakos@chacompanies.com</a>	Trustee/Member	Financial, Facilities	Yes	4	07/01/2017	06/30/2020	5 or less
8	Dr. Liana Theodorou <a href="mailto:hlt1@nyu.edu">hlt1@nyu.edu</a>	Trustee/Member	Education	Yes	5	07/01/2017	06/30/2020	5 or less
9								

**1a. Are there more than 9 members of the Board of Trustees?** No

## 2. INFORMATION ABOUT MEMBERS OF THE BOARD OF TRUSTEES

1. SUNY-AUTHORIZED charter schools provide response relative to VOTING Trustees only.
2. REGENTS, NYCDOE, and BUFFALO BOE-AUTHORIZED charter schools provide a response relative to all trustees.

a. Total Number of BOT Members on June 30, 2019	8
b.Total Number of Members Added During 2018-19	0
c. Total Number of Members who Departed during 2018-19	0
d.Total Number of members in 2018-19, as set by in Bylaws, Resolution or Minutes	8

**3. Number of Board meetings held during 2018-19** 12

**4. Number of Board meetings scheduled for 2019-20** 12

**Thank you.**



# Entry 9 - Board Meeting Minutes

Created: 07/30/2019 • Last updated: 11/01/2019

---

## [Instructions for submitting minutes of the BOT monthly meetings](#)

Regents, NYCDOE, and Buffalo BOE authorized schools must either provide a link to a complete set of minutes that are posted on the charter school website, or upload a complete set of board meeting minutes from July 2018-June 2019, which should match the number of meetings held during the 2018-19 school year.

### HELLENIC CLASSICAL CHARTER SCHOOL

**Are all monthly BOT meeting minutes posted, which should match the number of meetings held during 2018-19 school year, on the charter school's website?**

Yes

**A. Provide if posted on the charter school's website a URL link to the Monthly Board Meeting Minutes, which should match the number of meetings held during the 2018-19 school year.**

<https://www.hccs-nys.org>



# Entry 10 Enrollment and Retention of Special Populations

Created: 07/12/2019 • Last updated: 11/01/2019

## Instructions for Reporting Enrollment and Retention Strategies

Describe the efforts the charter school has made in 2018-19 toward meeting targets to attract and retain enrollment of students with disabilities, English language learners/Multilingual learners, and students who are economically disadvantaged. In addition, describe the school’s plans for meeting or making progress toward meeting its enrollment and retention targets in 2019-20.

### HELLENIC CLASSICAL CHARTER SCHOOLSection Heading

#### Recruitment/Attraction Efforts Toward Meeting Targets

	Describe Recruitment Efforts in 2018-19	Describe Recruitment Plans in 2019-20
Economically Disadvantaged	HCCS is a Title 1 School with a 59% FRPL. The school continues to extend their outreach by visiting feeder schools and Pre-Kindergarten schools in the community. Each year new and old members of the school's alumni volunteer and work with faculty and administration to disseminate materials such as the school brochure, applications, calendar and contact information. HCCS continues to advertise in local newspapers throughout the year. This marketing initiative helps target and recruit students eligible for FRPL, ELL's and Students with Disabilities. The school announces three open house sessions during the months of December, February and March. There are multi-lingual staff members present at the open house events to assist with translations as needed regarding but not limited to information about the school, information on how to apply to the school and contact information for the school for stakeholders to reach out to with further questions that are accessible to parents.	HCCS will continue to demonstrate their best practice efforts to recruit economically disadvantaged students for 2019-2020.
	The Hellenic Classical Charter School actively and deliberately continues to recruit, identify and accept English Language Learners. The school’s administration and school board	

recognizes that this is a challenge especially when it is competing with District 15. Because of this and limited space at the school, HCCS requested for an enrollment increase. In addition, in its current charter term, HCCS added a lottery preference for English Language Learners and have seen ELL numbers increase over the last charter term.

In its efforts to increase its ELL population, HCCS continues to:

- Backfill. As a result, 3 ELL students were accepted and enrolled in October 2018 in grades Kindergarten, 1 & 2.
- Reach out to early childhood centers, daycares Pre-K and Head Start programs.
- HCCS continues to advertise the school in local foreign-language media (e.g. newspaper, radio), host targeted informational sessions for non-English speaking students in multiple languages, and provide recruitment materials in multiple languages (i.e. handouts, website) that highlight unique services offered for ELL students.
- HCCS discusses in detail the application process with the lottery preference of students whose English is their second language during its open house events and private tours.
- In school year 2017-18, HCCS had 4% ELL students (22 students) vs District 15's 7%.
- Comparison with neighboring schools: HCCS's 5% ELL population to neighboring schools such as New Voices' 2% ELL population and MS51's 2% ELL population.
- In school year 2018-19, HCCS's ELL percentage increased to 5%.
- In school year 2017-18 a total of 20 students were eligible for the NYSESLAT. 11 of those students scored proficient on the 2018 NYSESLAT (Commanding).
- These 11 students are eligible for 2-3 years of ELL services.

Recruitment efforts for ELL's :

- For school year 2018-19, 29 incoming kindergarten student applications indicated they were English Language Learners.
- Upon acceptance and registration- it was indicated on the Home Language Survey the 27 students were "ELL's".

The Hellenic Classical Charter School will continue to actively recruit, identify and accept English Language Learners.

	<ul style="list-style-type: none"> <li>• In September, after the parent interview process, our ELL teacher officially identified 7 students as eligible for the NYSITELL.</li> <li>• 6 out of the 7 students are identified as ELL students (one of the students scored proficient on the NYSITELL, making them ineligible for services).</li> <li>• HCCS currently has 26 ELL students for school year 2018-19.</li> </ul>	
Students with Disabilities	<p>The Hellenic Classical Charter School is a lottery school with limited space in all grades however makes every effort during their application process to identify and recruit new Students with Disabilities and English Language Learners. HCCS's SWD percent has increased over its charter term and during the current lottery, HCCS added 16 new students with disabilities bringing their total number of students to 70 vs 54 from last school year. HCCS also increased their student enrollment by 18 students to create additional room for students with disabilities and English Language Learners. HCCS added a lottery preference for Students with Disabilities and a set aside preference for English Language Learners. HCCS continues to advertise in local newspapers throughout the year. This marketing initiative helps target and recruit students eligible for FRPL, ELL's and Students with Disabilities. The school announces three open house sessions during the months of December, February and March. There are multi lingual staff members present at the open house events to assist with translations as needed regarding but not limited to information about the school, information on how to apply to the school and contact information for the school for stakeholders to reach out to with further questions that are accessible to parents.</p>	<p>The Hellenic Classical Charter School will continue to demonstrate their best practice efforts to recruit Students with Disabilities for 2019-2020.</p>

## Retention Efforts Toward Meeting Targets

	Describe Retention Efforts in 2018-19	Describe Retention Plans in 2019-20
	<p>HCCS creates positive family relationships through their many celebrations throughout the school year. HCCS is known for their open door policy where all families feel</p>	

Economically Disadvantaged	comfortable to come in and discuss anything they need with their child's teacher and or the administration. HCCS hosts parent and student orientations, offers free meals and snacks through the NYC Food Services, offers a free after school program for middle school students and free tutoring for struggling students. HCCS also offers free tutoring for specialized high school exams.	The Hellenic Classical Charter School will continue to demonstrate their best practice efforts to retain economically disadvantaged students for 2019-2020.
English Language Learners/Multilingual Learners	The Hellenic Classical Charter School's certified ELL and Special Education teachers and coordinators continue to work together to meet the needs of their SWD and ELL population. The team receives comprehensive professional development and training. HCCS is members of the NYC Special Education and English Language Learner Collaborative. Teachers receive training in best practices and programs such as Orton Gillingham and Wilson Reading Systems. HCCS continues to have strong and effective partnerships with their ELL and SWD families. The team communicates with the families throughout the school year to ensure students academic achievement. HCCS teachers collaborate weekly during common planning times to develop curriculum for all learners in the classroom.	The Hellenic Classical Charter School will continue to demonstrate their best practice efforts to retain and increase their ELL student population for 2019-2020.
Students with Disabilities	HCCS works collaboratively with the Committee of Special Education (CSE) to inform and educate parents about the services, settings and special program features available at the school. HCCS has developed a strong team of certified Special Education and ELL teachers who receive extensive and comprehensive professional development and training to meet the needs of their special education and ELL population. HCCS continues to be members of the NYC Special Education and English Language Learner Collaborative. In addition, Teachers receive training in best practices and programs such as Orton Gillingham and Wilson Reading Systems. HCCS continues to have strong and effective partnerships with their ELL and SWD families. The team communicates with the families throughout the school year to ensure students academic achievement. HCCS teachers collaborate weekly during common planning times to develop	The Hellenic Classical Charter School will continue to demonstrate their best practice efforts to recruit and increase their SWD population for 2019-2020.

curriculum for all learners in the classroom. HCCS offers teachers academic and behavioral support. Preventive planning of disciplinary practices, high quality staff training and continued professional development. HCCS has student, family orientations and many family events. HCCS has an overall welcoming family oriented culture that creates a positive environment to ensure effective learning growth.



# Entry 11 Classroom Teacher and Administrator Attrition

Last updated: 07/12/2019

Report changes in teacher and administrator staffing.

## Instructions for completing the Classroom Teacher and Administrator Attrition Tables

Charter schools must complete the tables titled 2018-2019 Classroom Teacher and Administrator Attrition to report changes in teacher and administrator staffing during the 2018-2019 school year. Please provide the full time equivalent (FTE) of staff on June 30, 2018; the FTE for any departed staff from July 1, 2018 through June 30, 2019; the FTE for added staff from July 1, 2018 through June 30, 2019; and the FTE of staff added in newly created positions from July 1, 2018 through June 30, 2019 using the tables provided.

### 1. Classroom Teacher Attrition Table

	FTE Classroom Teachers on 6/30/18	FTE Classroom Teachers Departed 7/1/18 - 6/30/19	FTE Classroom Teachers Filling Vacant Positions 7/1/18 - 6/30/19	FTE Classroom Teachers Added in New Positions 7/1/18 - 6/30/19	FTE of Classroom Teachers on 6/30/19

### 2. Administrator Position Attrition Table

	FTE Administrative Positions on 6/30/18	FTE Administrators Departed 7/1/18 - 6/30/19	FTE Administrators Filling Vacant Positions 7/1/18 - 6/30/19	FTE Administrators Added in New Positions 7/1/18 - 6/30/19	FTE Administrative Positions on 6/30/19
	3	0	0	0	3

**3. Tell your school's story**

**Charter schools may provide additional information in this section of the Annual Report about their respective teacher and administrator attrition rates as some teacher or administrator departures do not reflect advancement or movement within the charter school networks. Schools may provide additional detail to reflect a teacher’s advancement up the ladder to a leadership position within the network or an administrator’s movement to lead a new network charter school.**

(No response)

**4. Charter schools must ensure that all prospective employees receive clearance through [the NYSED Office of School Personnel Review and Accountability](#) (OSPRA) prior to employment. After an employee has been cleared, schools are required to maintain proof of such clearance in the file of each employee. For the safety of all students, charter schools must take immediate steps to terminate the employment of individuals who have been denied clearance. Once the employees have been terminated, the school must terminate the request for clearance in the TEACH system.**

**Have all employees have been cleared through the NYSED TEACH system?**

Yes

**5. For perspective or current employees whose clearance has been denied, have you terminated their employment and removed them from the TEACH system?**

	Not Applicable
--	----------------

**Thank you**



# Entry 12 Uncertified Teachers

Created: 07/18/2019 • Last updated: 07/24/2019

## Instructions for Reporting Percent of Uncertified Teachers

The table below is reflective of the information collected through the online portal for compliance with New York State Education Law 2854(3)(a-1) for teaching staff qualifications. Enter the relevant full time equivalent (FTE) count of teachers in each column. For example, a school with 20 full time teachers and 5 half time teachers would have an FTE count of 22.5. If more than one column applies to a particular teacher, please select one column for the FTE count. Please do not include paraprofessionals, such as teacher assistants.

FTE count of uncertified teachers on 6/30/18, and each uncertified teacher should be counted only once.

	FTE Count
1. Total FTE count of uncertified teachers (6-30-19)	9
2. FTE count of uncertified teachers with at least three years of elementary, middle or secondary classroom teaching experience (6-30-19)	9
3. FTE count of uncertified teachers who are tenured or tenure track college faculty (6-30-19)	0
4. FTE count of uncertified teachers with two years of Teach for America experience (6-30-19)	0
5. FTE count of uncertified teachers with exceptional business, professional, artistic, athletic, or military experience (6-30-19)	0
6. FTE count of uncertified teachers who do not fit into any of the prior four categories (6-30-19)	9

**FTE Count of All Uncertified Teachers as of 6/30/19** 9

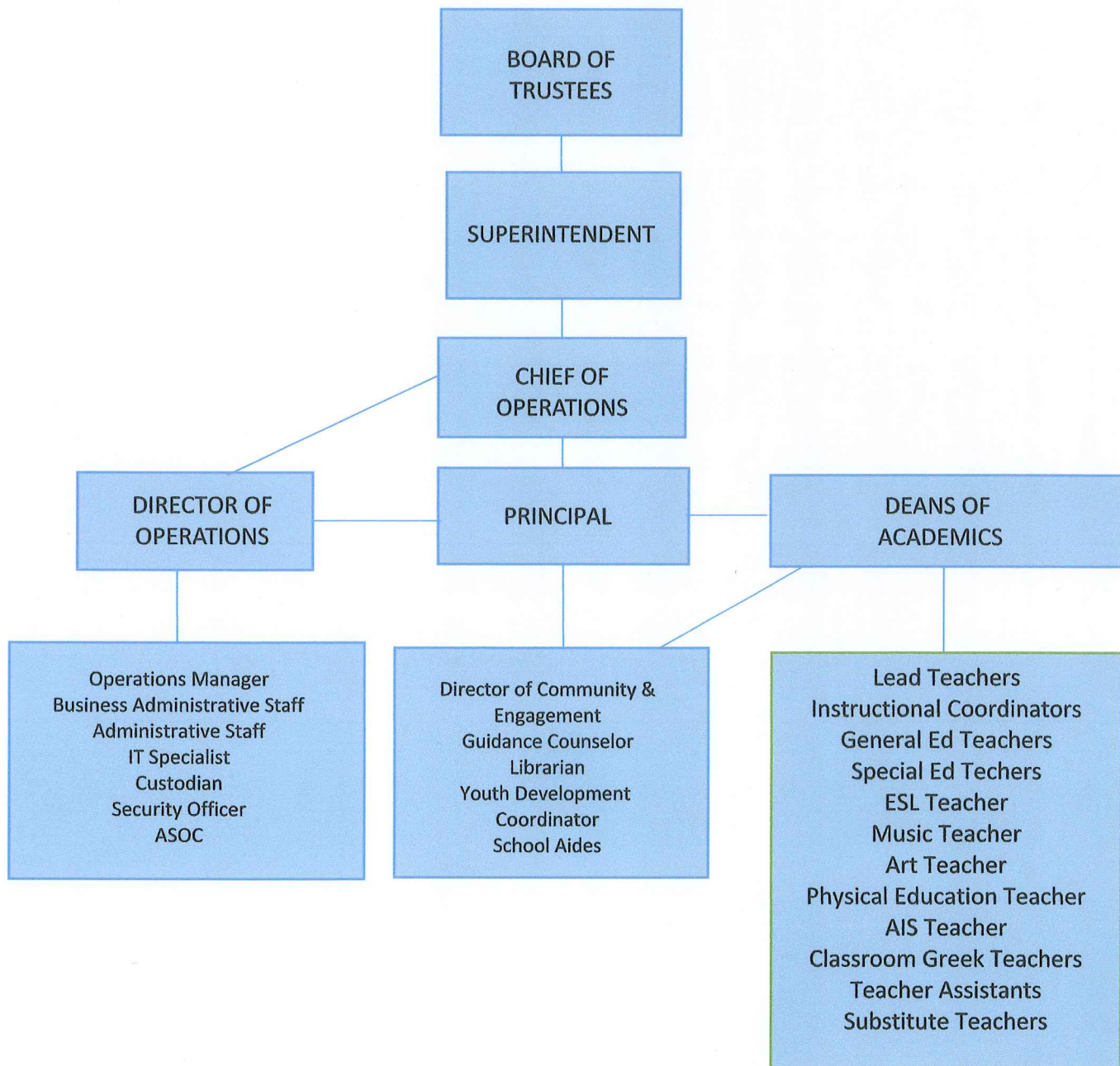
**FTE Count of All Certified Teachers as of 6/30/19** 36

**Thank you.**



**Hellenic Classical Charter School (HCCS)**  
**Park Slope (PS), est. 2005**  
**Staten Island (SI), est. 2019**

**Organizational Chart**





# HELLENIC CLASSICAL CHARTER SCHOOL

KNOWLEDGE | WISDOM | TRUTH

## HCCS-Park Slope - School Calendar - 2019-2020

Christina Tettonis  
*Principal*

Joy Petrakos  
*Director of Operations*

Natasha Caban  
*Assistant Principal*

### **2019**

Wednesday, August 28	All Staff returns – 8:30 am
Monday, September 2	School Closed for Labor Day
Wednesday, September 4	Kindergarten Orientation- 9:30 am Pre-Kindergarten Orientation –12:00 pm 6 <sup>th</sup> Grade Orientation – 2:00 pm
Thursday, September 5	First Day of School – all students Pre-Kindergarten Dismissal -10:30 am Kindergarten Dismissal - 11:30 am
Friday, September 6	Second Day of School – all students Pre-Kindergarten Dismissal -11:30 am Kindergarten Dismissal - 3:30 pm
Monday, September 30 & Tuesday, October 1	School Closed for Rosh Hashanah
Wednesday, October 9	School Closed for Yom Kippur
Monday, October 14	School Closed for Columbus Day
Tuesday, November 5	Half-Day of School for students Professional Development for staff
Monday, November 11	School Closed for Veterans Day
Thursday, November 28 & Friday, November 29	School Closed for Thanksgiving
Friday, December 20	Half-Day of School for students
Monday, December 23 – Wednesday, January 1	School Closed for Winter Recess
<b><u>2020</u></b>	
Thursday, January 2	Students return to school
Monday, January 20	School Closed for Dr. M. Luther King, Jr. Day
Monday, February 17 - Friday, February 21	School Closed for Midwinter Recess
Thursday, April 9 – Friday, April 17	School Closed for Spring Recess
Monday, May 25	School Closed for Memorial Day
Thursday, June 4	Half-Day of School for students Professional Development for staff
Friday, June 26	Last day of school for all students