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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For the 2	ZUIZ Calenc	dar year, or tax year begin	ning	, 2012, 8	and ending	9			,		
В	Check if ap	oplicable	C Name of organization GRE	EK AMERICAN RESTA	URANT	ASSOCI	ATION	D Employ	er ident	ification Numbe	r	
	Addre	ss change	Doing Business As					36~3	3693	719		
	Name	change	Number and street (or P O bo	ox if mail is not delivered to street add	·)	Room/s	suite	E Telepho	ne numi	ber		
	⊢ ⊣	return	733 LEE ST			200		(84	7) 6	35-1500		
	Termi		City, town or country		State	ZIP code + 4			·			
		ded return	DES PLAINES		IL	60016		G Gross re	eceints	\$ 414,0	8.4	
		ation pending	F Name and address of principa	Lofficer	-11		H(a) is this a			7	es X No	
	L] Applic		, ,		TEC TI		H(b) Are all	-		⊢ '	es No	
_				MANHEIM RD DES PLAIR			If 'No,'	attach a list	(see ins			
÷		mpt status	501(c)(3) X 501(c) (6)	7(a)(1) or	527			. •	•		
<u>1</u>	Websi						H(c) Group 6					
K		organization	X Corporation Trust	Association Other	L Y	ear of Format	ion 1986	<u> </u>	tate of I	egal domicile	IL	
Ра		Summar										
	1 Br	lefly describ	be the organization's missi	on or most significant activities	es. <u>SE</u>	E PART	<u> III (</u>	<u>a)_BEL</u>	OM_			
9	_			. 								
Activities & Governance	_											
ler.	2 5											
်				n discontinued its operations ning body (Part VI, line 1a)	or dispos	eu or mor	e man 257	0 01 115 116	1 a 1	:15	17	
જ			5	of the governing body (Part	VI line 11	h)			4		17	
ies			· -	calendar year 2012 (Part V,		-,			5			
ĬΞ			of volunteers (estimate if r						6		15	
Act	7a To	tal unrelate	ed business revenue from F	Part VIII, column (C), line 12					7a		0.	
	b Ne	et unrelated	business taxable income f	rom Form 990-T, line 34					7b		0.	
							Pı	rior Year		Current	Year	
•	8 Co	ontributions	and grants (Part VIII, line	1h)				289,6	16.	2	71,278.	
Revenue	9 Pr	ogram serv	rice revenue (Part VIII, line			0.						
Ş.	10 Inv	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)				23,0	88.		15,824.	
æ	11 Ot	her revenue	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								-3 , 729.	
	12 To	tal revenue	e - add lines 8 through 11	(must equal Part VIII, column	(A), line	12)		293,6	29.	28	3,373.	
	13 Gr	ants and si	milar amounts paid (Part I)	X, column (A), lines 1-3)				224,6	00.	20	03,26 <u>4.</u>	
	14 Be											
	15 Sa	alaries, othe	er compensation, employee	benefits (Part IX //pol umn (A), lines 5	-10)						
ses -	16a Pr	ofessional f	fundraising fees (Part IX. c	olumn (A), line 11e)								
Fxpenses	h To	tal fundraio	sing expenses (Part IX, coli	Imp (D) June 25) \$0.8	/ D_		र दे गाउँ र	· Village	松油矿	IN AND DESIGNATION OF THE PARTY		
_X					IST VE	<u>.</u>	-,			Cart of 3 day of dead do	1.4 7.00	
>" -₹	1		es (Part IX, column (A), Irr			WE-	-	88,3			74,782.	
	18 To		es Add lines 13-17 (must e	ふうくとメ) ₁	312,9			78,046.			
te Of N	19 Re	evenue iess	expenses Subtract line 18		<u> </u>	II ANO	WCz-	-19,3		E. J. C	5,327.	
	о т	1.11- 4	/D + V Iv 16\	Re_ 4	\$ 2000	0075		g of Curren		End of		
- Se	20 To		(Part X, line 16) s (Part X, line 26)	SCA.	· !!3</th <th></th> <th>′</th> <th><u>,650,7</u></th> <th></th> <th>2,14</th> <th>13,304.</th>		′	<u>,650,7</u>		2,14	13,304.	
ŽģŠ	21 10		- ' '	43 1	VE.		<u> </u>		0.		0.	
Z.			fund balances Subtract III	ne 21 from line 20			2	,650,7	03.	$\frac{2,76}{}$	<u>13,304.</u>	
		Signatur										
ende cóm:	er penalties plete Decla	of perjury, I de eration of prepa	eclare that I have examined this return the control of the control	rn, including accompanying schedule: all information of which preparer has	s and statem any knowled	nents, and to	the best of m	y knowledge	and bel	ief, it is true, cor	rect, and	
		1	hours M	12,120,12				0/10	12			
C:-		Signatu	re of officer	get to the			lDa	e 9/2/ /	112			
Sig He	gn ro	m II O	MAC C DIAMOND					, ,				
116	16		MAS C. DIAMOND print name and title								-	
			preparer's name	Preparer's signature		Date		Oharah T	٦, ٦	PTIN		
_			·				/12	Check _	<u> </u> "		<i></i>	
Pa			BOROVILOS	JIMMY BOROVILOS		09/27/	13	self-employ	ea	P015638	00	
	eparer e Only									050155	,	
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Mai		<u> </u>	DES PLAINES	IL.		<u>8-4111</u>		Phone no		TO LO		
	_			shown above? (see instruction	ns)					X Yes	No (2012)	
DA	m rorra	aperwork R	eduction Act Notice, see t	ne separate instructions.		TEE	EA0101 05/0	9/13		Form	990 (2012)	



Form	990 (2012) GREEK AMER	ICAN RESTAURANT	ASSOCIATION		36-3	8693719	Page 2
Par		ram Service Accomp					
		ntains a response to any o	uestion in this Part II	<u> </u>			
1	Briefly describe the organizatio						
	SEE PART III (a) BE	<u> ELOW</u>					
							· ·
2	Did the organization undertake	ony cianificant program a	onuona durina tha uni	or which were not listed	on the prior		
2	Form 990 or 990-EZ?	any significant program s	ervices during the yea	at which were not listed	on the prior	Yes	X No
	If 'Yes,' describe these new ser	rvices on Schedule O				□ '63	
3	Did the organization cease con		nt changes in how it (conducts, any program s	services?	. Tyes	⊠ No
3	If 'Yes,' describe these changes		The changes in now it t	conducts, any program.	301 41003.	. 🗀 .03	
4	,		nents for each of its t	hree largest program se	ervices, as m	easured by ex	penses
•	Describe the organization's pro Section 501(c)(3) and 501(c)(4) organizations and section	n 4947(a)(1) trusts a	re required to report the	amount of g	rants and allo	cations to
	others, the total expenses, and	revenue, if any, for each	program service repo	ortea			
4 a	(Code) (Expense:		including grants of) (Revenue	\$)
	ASSISTS ACTIVE GREE						
	ITEMS FOR THE OPERA	<u>ATION OF THEIR E</u>	<u>STABLISHMENTS</u>	<u></u>			
	 						
4 b	(Code ⁻) (Expense			\$.) (Revenue	\$)
	CONTRIBUTIONS TO V	<u>ARIOUS INSTITUTI</u>	ONS				
4 c	(Code) (Expense	:s \$	including grants of	\$) (Revenue	\$)
						_ -	
4 d	Other program services (Desc	cribe in Schedule O)					
	(Expenses \$	including grant	ts of \$) (Revenue	\$)
4 e	Total program service expens						
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Pa	rt IV Checklist of Required Schedules			
Fai	CIV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	2.200	х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			F SA
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	
ŀ	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	11 b		х
(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	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f 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	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	Х
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) GREEK AMERICAN RESTAURANT ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

		i l	res	МО
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	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):	- 1 2 2 24 5 24 24	15 (15 t) 15 (15 t) 15 (15 t)	がは
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	990 ((2012)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	_ 1 c	X	
2 a	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 . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a	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)?	4 a		х
b	If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a		~ -
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Ī	Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	4.		
а	Did the organization make any taxable distributions under section 4966?	9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:]		
а	Gross income from members or shareholders 11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	· · · · · · · · · · · · · · · · · · ·			
	Enter the amount of reserves on hand		L	L
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2012) GREEK AMERICAN RESTAURANT ASSOCIATION 36-3693719 Page 6 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 to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 17 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 Enter the number of voting members included in line 1a, above, who are independent 1 b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 a Х a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or 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* Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done 13 Х 13 Did the organization have a written whistleblower policy? 14 X Did the organization have a written document retention and destruction policy? 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? 15a x a The organization's CEO, Executive Director, or top management official **b** Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х **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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 8501 W HIGGINS ROAD, CHICAGO, CHICAGO _ _ <u>(773)</u>_399-0850

BAA

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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	n nor any r	elated	org	anız	atıo	n com	pen	sated any current offic	er, director, or trustee	:
				(C	;)					
(A) Name and Title	Average hours per	one box offic	k, unl er an	ess p	ersor	more th is both r/trustee	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAMES P. VERROS	1.00									
DIRECTOR		Х						0.	0.	0.
(2) CHRIS DEMOS	1.00									
TREASURER		X						0.	0.	0.
(3) PETER ARCHOS	1.00									
ASST. TREASURER		Х						0.	0.	0.
_(4)_SAM_MARKOS	1.00									
DIRECTOR		X						0.	0.	0.
(5) THOMAS C. DIAMOND	1.00									
PRESIDENT		X		Х				0.	0.	0.
(6) MATT MANAVES	1.00									
CHAIRMAN OF THE BOARD	ļ	X		<u> </u>				0.	0.	0.
(7) TOM PAPPAS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) GEORGE RADAIOS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PETER SARANTOPOULOS	1.00						1			
DIRECTOR		Х	ļ		_		<u> </u>	0.	0.	0.
(10) NICK KATSIS	1.00					:				
VICE PRESIDENT		Х					<u> </u>	0.	0.	0.
(11) STEVE THEOFANOUS	1.00									
DIRECTOR		Х		ļ				0.	0.	0.
(12) GEORGE VLAHAKIS	1.00									
DIRECTOR		Х	_		L			0.	0.	0.
(13) ANGELO SELLIS	1.00									
DIRECTOR		Х			L			0.	0.	0.
(14) TED ARVANITIS	1.00									
DIRECTOR		Х			L_			0.	0.	0.

	(B)			((C)			·				
(A)	Average hours						one i	(D)	(E)		(F) mated	
Name and title	per week	offi	cer ar	nd a c	direct	or/trust	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	amount compe	of other ensation	
	(list any hours for	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensate employee	orme	(W-2/1099-MISC)	(W-2/1099-MISC)	organ	n the ization related	
		ector o	tiona	174	mplo	st con	er e				izations	
	- tions below dotted	nuste	trust		ee	npens						
	line)	"	ée			ated						
(15) GEORGE FOUNTALAS	1.00					-						
DIRECTOR		х						0.	0.		0.	
(16) CHRIS GEORGES	1.00	v							0		0	
DIRECTOR (17) GEORGE KARAS	1.00	Х			\vdash			0.	0.		0.	
DIRECTOR		х						0.	0.		0.	
(18)											_	
(19)		-		_		_	\vdash					
213/												
(20)												
(21)		<u> </u>					_					
(21)												
(22)							-					
(32)				ļ	-	-	_			-		
(23)					l							
(24)												
(05)	ļ	Ļ —			_	_	<u> </u>					
(25)												
1 b Sub-total	<u> </u>	.L			<u> </u>		>	0.	0.		0.	
c Total from continuation sheets to Part VII, Section	Α						>				_ _	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	d to the	se lis	ted	abo	ve)	who i	rece	0.	0. 100.000 of reportabl	e compe	0. ensation	
from the organization	u (0 (110.	JO 1112	, tou	abo	,,			orea more than \$				
				-							Yes No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	ee, k	кеу (emp	loye	e, or	hıg	hest compensated	l employee	3	X	
,			nper	nsatı	ion a	and o	the	r compensation fro	om			
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	han \$15	0,00	0? /	f 'Ye	es' d	ompi	lete	Schedule J for		4	x	
5 Did any person listed on line 1a receive or accrue of	ompens	atıoı	n fro	m a	· iny ι	ınrela	ated	organization or in	ndıvıdual			
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	complete	e Sci	hedu	ıle J	for	such	pei	rson		5	X	
1 Complete this table for your five highest compensation	led inde	pend	ent	cont	tract	ors t	hat	received more tha	in \$100,000 of			
compensation from the organization Report compe	nsation	for t	he c	aler	ndar	year	end	ding with or within			·\	
(A) Name and business addre	ss							Description		(C) Compensation		
2 Total number of independent contractors (including		lımıt	ed t	o the	ose	listec	i ab	ove) who received	I more than			
\$100,000 in compensation from the organization		TEEA	0108	01/3	24/13	-	-		-	Form 9	990 (2012)	

		Check if Schedule O	contains a resp	onse to any question	n 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, 513, or 514
<u>은</u> 연	1 a	Federated campaigns	1 a			- TOVETIME		0,2,0,0,0
줉됨		· =	1 1 1					
ᅙᄝ		Membership dues	··					
드		Fundraising events	10	ļ	Į.			
ੌੂ≣		Related organizations	1 d					
웅등	е	Government grants (contribution	ons) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included a	above 1 f	2111210.				
ς₹	_	Noncash contributions include	din Ins 1a-1f \$	S				
	h	Total. Add lines 1a-1f		>	271,278.			<u> </u>
呂				Business Code				
2	2 a							
in in	b							
≋	С							
SE	d							
₩	e							
ਲ	f	All other program service	e revenue					
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e revenue	•				
_								
	3	Investment income (incl other similar amounts)	uding dividend	s, interest and	15 004	15 004	0.	١ ,
	4	,	of tou avament	Lhand areesade .	15,824.	15,824.	<u> </u>	0.
	4	Income from investment	or tax-exemp	bona proceeds				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross rents	123,180	0.				
Ì	b	Less rental expenses	130,713	1.				
	С	Rental income or (loss)	- 7,531					
	d	Net rental income or (lo		•	-7,531.	-7,531.	0.	0.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other		7.63	 	
	b	Less, cost or other basis and sales expenses						
	_	Gain or (loss)			-			
		` ′						
	a	Net gain or (loss)					· · · · · · · · · · · · · · · · · · ·	
ENUE	8 a	Gross income from fund (not including \$.	!			
OTHER REVEN		of contributions reported	on line (c)					
~		See Part IV, line 18		a				
Ē		Less direct expenses		b				
0	С	Net income or (loss) fro	m fundraising	events <u></u>				
	9 a	Gross income from gam See Part IV, line 19	ing activities	a				
	b	Less: direct expenses		b]			
		Net income or (loss) fro	•	vities				
		Gross sales of inventory and allowances		а	_			
		Less: cost of goods solo		b				
	С	Net income or (loss) fro		entory <u></u>				
		Miscellaneous Reven	ue	Business Code				
	11 a	OTHER INCOME		14	3,802.	3,802.	0.	0
	b							
	С				1			
	d	All other revenue			1	· · · · · · · · · · · · · · · · · · ·		
		Total. Add lines 11a-11e	4	<u> </u>	3 000	_		
	12	Total revenue. See insti			3,802.	10 005	<u> </u>	
BAA		- Otal Tevenue, Oce 11151	uction is	TOO	283,373. 40109 12/17/12	12,095.	0.	Form 990 (2012
	•			i EE/	-VIU2 16/1/1/2			1 01111 334 (2012

Par	t IX St	atement of Functional Expen	ses			
Sect	tion 501(c)	(3) and 501(c)(4) organizations must	complete all columns A	All other organizations i	must complete column (A)	
	-	Check if Schedule O contains a re	esponse to any question	ı ın this Part IX		
		amounts reported on lines 6b, d 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and organ Part IV, II	nd other assistance to governments in the United States See ne 21 and other assistance to individuals in	203,264.			
2	the United	d States See Part IV, line 22				
3	organizat	nd other assistance to governments, tons, and individuals outside the ates. See Part IV, lines 15 and 16				
	Compens	oald to or for members ation of current officers, directors, and key employees				
6	disqualifie section 49	ation not included above, to ed persons (as defined under 958(f)(1)) and persons described 4958(c)(3)(B)				
7	Other sala	aries and wages				
8	(include s	plan accruals and contributions ection 401(k) and section 403(b) contributions)				
9	Other em	ployee benefits				
10	Payroll ta	xes				
11	Fees for s	services (non-employees).				
а	Managem	ent				
b	Legal		7,750.		7,750.	
С	Accountir	ng				· <u> </u>
d	Lobbying					
е	Professional	fundraising services See Part IV, line 17				·· ·····
f	Investme	nt management fees	4,260.		4,260.	
g		e 11g amt exceeds 10% of line 25, col-				
12		t, list line 11g expenses on Sch O)	4 170		4 170	
13	Office exp	* '	4,178.		4,178. 3,828.	
14		on technology	3,828.		3,828.	
15	Royalties	or teermology			 	
16	Occupant	rv.				
17	Travel	.,			 	
		s of travel or entertainment			 	
	expenses public off	for any federal, state, or local cuals				
		ces, conventions, and meetings	0.		0.	
20	Interest			_		
21	•	s to affiliates				
	•	ion, depletion, and amortization	49,118.			
	covered a in line 24 of line 25	e benses Itemize expenses not subove (List miscellaneous expenses e If line 24e amount exceeds 10%, column (A) amount, list line 24e on Schedule O)				
а	POSTA	GE & DELIVERY	680.		680.	
		TIES/TELEPHONE	984.		984.	
		LANEOUS	2,389.		2,389.	
		AND SUBSCRIPTIONS	945.		945.	
	All other		650.	-	650.	
25	Total functi	onal expenses. Add lines 1 through 24e	278,046.		25,664.	
26	the organ joint costs campaign Check he	ts. Complete this line only if ization reported in column (B) is from a combined educational in and fundraising solicitation re if following (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 1 82,269. 45,688 2 531,241. 2 Savings and temporary cash investments 629,866 3 Pledges and grants receivable, net 3 271,278. 189,618 4 4 Accounts receivable net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 2,500 2,500. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 050,007 b Less: accumulated depreciation 10b 193,991 783,031 10 c ,856,016. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,650,703 2,743,304. Accounts payable and accrued expenses 17 0 17 0. Grants payable 18 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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. 25 26 Total liabilities. Add lines 17 through 25 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. <u>1,00</u>0. Capital stock or trust principal, or current funds .000 30 Paid-in or capital surplus, or land, building, or equipment fund 31 64,382 64,382. Retained earnings, endowment, accumulated income, or other funds ,585,321 32 2,677,922.

BAA

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,743,304. Form **990** (2012)

2,743,304.

2,650,703

2,650,703

33

34

FUIII	1990 (2012) GREEK AMERICAN RESTAURANT ASSOCIATION	0-3093/13	,	70	ige iz
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$_{-}\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	83,3	373.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	78,0)46.
3	Revenue less expenses Subtract line 2 from line 1	3		5,3	327.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,6	50,7	703.
5	Net unrealized gains (losses) on investments	5		87,2	274.
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,7	43,3	304.
Pai	t XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	wed on a			
	K Separate basis Consolidated basis Both consolidated and separate basis				
1	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate			
	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 o review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3 a		х
ا	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
BAA			Form	990	(2012)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

2012

Employer identification number

GRE	EK AMERICAN RESTAURANT ASSOC	IATION	36-3693719
Par	t Organizations Maintaining Dono	r Advised Funds or Other Similar Fi	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don- are the organization's property, subject to the		onor advised funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No
Par	t II Conservation Easements. Comp	lete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easen		2 b
•	Number of conservation easements on a certification	ed historic structure included in (a)	2 c
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histo	ric 2 d
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguished, or termina	ted by the organization during the
4	Number of states where property subject to con	nservation easement is located 🟲	<u></u>
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, halts it holds? $$.	ndling of violations, . Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, in: •\$	specting, and enforcing conservation easemen	nts during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that d	d expense statement, and balance sheet, and lescribes the organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or resea	nue statement and balance sheet works of arch in furtherance of public service, provide,
t	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items 		
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		for financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	1	► \$
k	Assets included in Form 990, Part X		► \$

Part III Organizations Mainta	ining Colle	ctions of Art, H	istorica	l Treasures, c	or Other Similar Ass	sets (c	ontınu	ed)
3 Using the organization's acquisite items (check all that apply).	on, accession,	and other records,	check an	y of the following	that are a significant us	e of its o	ollection	n
a Public exhibition		d L	oan or exc	hange programs				
b Scholarly research		e 0	ther		 			
c Preservation for future generation								
4 Provide a description of the organ Part XIII			-			ın		
5 During the year, did the organizato be sold to raise funds rather the	nan to be main	tained as part of the	e organiza	ation's collection?		Yes		No
Part IV Escrowand Custodial reported an amount o	Arrangemer n Form 990	Ref. Complete if to provide the complete if the complete in th	he organ 1.	ization answe	red 'Yes' to Form 990	, Part I	v,line	9, or ——
1 a Is the organization an agent, trus on Form 990, Part X?	itee, custodian	, or other intermedi	ary for co	ntributions or othe	er assets not included	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII an	d complete the follo	owing table	e.				
						Amoun	t	
c Beginning balance				•	1 c			
d Additions during the year					1 d			
e Distributions during the year				•	. 1 e			
f Ending balance	mount on Form	m 000 Dort V line (212		1 f	Yes	— _Г -	TNO
2 a Did the organization include an a b If 'Yes,' explain the arrangement		•		s been provided	in Part YIII	☐ Yes	-	No
b it res, explain the arrangement	in Part XIII Ci	neck here if the exp	nanuon na	is been provided	III Fall AIII .		L	_
Part V Endowment Funds. C	Complete if t	the organization	n answe	red 'Yes' to Fo	orm 990. Part IV. Iir	ne 10.		
	(a) Current			(c) Two years	(d) Three years	_	our year	's
1 a Beginning of year balance								
b Contributions						1	-	
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
Provide the estimated percentage	e of the current	t year end balance	(line 1g, c	olumn (a)) held a	as'			
a Board designated or quasi-endow	vment 🕨							
b Permanent endowment ►	&							
c Temporarily restricted endowmen		 %						
The percentages in lines 2a, 2b,	and 2c should	equal 100%						
3a Are there endowment funds not in organization by	n the possessi	on of the organizati	on that ar	e held and admır	istered for the		Yes	No
(i) unrelated organizations .						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ıı), are the related o	organizations li	sted as required on	Schedule	: R?		3b		
4 Describe in Part XIII the intended								
Part VI Land, Buildings, and	Equipment	. See Form 990), Part X	<u>, line 10.</u>				
Description of property		(a) Cost or other ba (investment)		Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a Land]			·	操作。位于第一条			
b Buildings		1,834,34	9.			1	,834	<u>,349.</u>
c Leasehold improvements					<u> </u>			
d Equipment		215,65	8.				215	<u>,658.</u>
e Other		15 200 5	<u> </u>	(D) 1. 10(1):	<u> </u>			
Total. Add lines 1a through 1e (Column	n (d) must equ	iai Form 990, Part	x, column	(B), line 10(c))	Caba			,007.
BAA					Sched	aule D (l	-orm 99	0) 2012

36-3693719

Page 2

Schedule D (Form 990) 2012 GREEK AMERICAN RESTAURANT ASSOCIATION

Schedule I	D (Form 990) 2012 GREEK AMERICAN RE	STAURANT ASSOC	IATION	36-3693719	Page 3
Part VII	Investments - Other Securities. See				
	(a) Description of security or category (including name of security)	(b) Book value		Method of valuation Cost or end-of-year market value	
(1) Financ	cial derivatives				
• •	y-held equity interests				
(3) Other	,				
(A) (B) (C)					
(0)					
(0)					
(D)			1		
<u>(E)</u>		-			
<u>(F)</u>					
(G)					
<u>(H)</u>					
(l)					
Total. (Colui	mn (b) must equal Form 990, Part X, column (B) line 12)				
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13.	· ·	
	(a) Description of investment type	(b) Book value		Method of valuation. Cost or	
				end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, column (B) line 13)		····		
Part IX	Other Assets. See Form 990, Part X,	line 15			
I art ix		escription		(b) Book va	alue
(1)	(a) 50	.scription		(2) 25011 11	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			_		
(9)					
(10)			·		
Total. (Co	olumn (b) must equal Form 990, Part X, column (E	3), line 15)		>	
Part X	Other Liabilities. See Form 990, Part	X, line 25.			
	(a) Description of liability	(b) Book value			
(1) Fede	eral income taxes				
(2)					
(3)					
(4)					
(5)	······································				
(6)					
			 		
(7)			<u> </u>		
(8)	·				
(9)		-			
(10)		_,			
(11)					
	mn (b) must equal Form 990, Part X, column (B) line 25)	•			
2. FIN 48 (A	ASC 740) Footnote 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
	3 (ASC 740). Check here if the text of the footnote has been pro		•		
BAA		TEEA3303 12/23/12	· · · · · · · · · · · · · · · · · · ·	Schedule D (Form 9	90) 2012

	36-3693719 Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains on investments	
b Donated services and use of facilities . 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) . 4b	_
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2 a	,
b Prior year adjustments	<u> </u>
c Other losses 2c	_
d Other (Describe in Part XIII)	_
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	—
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 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	/, lines 1b and 2b; Part V, y additional information
BAA	Schedule D (Form 990) 2012

Page 5	36-3693719	90) 2012 GREEK AMERICAN RESTAURANT ASSOCIATION emental Information (continued)	(Form 990) 2012	Schedule D
		emental Information (continued)	Supplementa	Part XIII -
				-
		·		- -

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number 36-3693719 **General Information on Grants and Assistance** GREEK AMERICAN RESTAURANT ASSOCIATION Part I | General Information on Grants and Assi Name of the organization

Yes	
×	

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

	w	
_	∫¥es	
L	×	

1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL HELLENIC MUSEUM - 333 S Halsted St	36-3568402		50,000.				DONATION
HIP EUND.	36-7350342		130,714.				DONATION
<u>ITA</u>	36-3410469		8,050.				DONATION
<u>(4)</u>							
(<u>5)</u>							
(<u>6)</u>							
<u>@</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government org	ganizations listed in	the line 1 table			A	

Schedule I (Form 990) (2012)

TEEA3901 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other Method of valuation (book, FMV, appraisal, other) e (d) Amount of non-cash assistance GREEK AMERICAN RESTAURANT ASSOCIATION (c) Amount of cash grant (b) Number of recipients additional information (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV. 2 9 7 က 4

BAA

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

'Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public

GREEK AMERICAN RESTAURANT ASSOCIATION	Employer identification number 36-3693719
Pt VI, Line 11b SEVERAL OFFICERS MEET AND REVIEW THE	RETURN PRIOR TO FILING
Pt_VI, Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC	
Pt_VI,_Line_7aYES	
	