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· Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Department 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 Information about Form 990 and its instructions is at www.irs.gov/form990.

♣ Open to Public S_→ Inspection

| Α | For t | he 2013 caler | dar year, or ta | x year begi | nning | | , 20 | 013, and | d endin | g | | | | | |
|--------------------------|---|---|--|---------------------------------------|---|--------------------------|---------------|-------------------|------------------|------------------|-------------------------------|-------------------|---------------------|--|--|
| В | Check | f applicable | C Name of organ | nization GRI | EEK AMERI | CAN RES | TAURAN | NT AS | SOCI | ATION | D Employ | er Identi | fication Number | | |
| | \prod_{A} | ddress change | Doing Busines | | | | | | | | 36-3 | 3693 [°] | 719 | | |
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| | Н | | | | country, and ZIP of | or foreign postal | code | - | 1200 | | (04 | <i>i</i>) 0. | 33-1300 | | |
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| | ЩA | mended return | DES PLAIN | | | | I | IL 6 | 0016 | | G Gross re | | | | |
| | ∐ 4 | oplication pending | F Name and add | iress of principa | l officer | | | | | | a group return | | | | |
| | | | THOMAS C. DIAM | OND 2300 S | . MANHEIM R | D DES PL | AINES | IL 6 | 0018 | H(b) Are all | subordinates attach a list (s | nduded? | Yes No | | |
| ī | Tax- | exempt status | 501(c)(3) | X 501(c) (| 6) ◄ (ın | isert no) | 4947(a)(1 | 1) or | 527 | , | oo oo. (| | , | | |
| J | We | bsite: ► N | /A | | | | | <u> </u> | | H(c) Group | exemption nui | mber - | • | | |
| K | | of organization | X Corporation | Trust | Association | Other > | | L Year | of formation | | | | gal domicile IL | | |
| | | Summa | | 111030 | Association | 1.00101 | _ | 1 - 100. | 01 101111000 | <u> </u> | 0 1 0 | | 90. 00.110.10 | | |
| Га | 1 | | be the organizat | tion's missio | n or most sign | uficant activi | ties/ | d Die | ייים א פר | TTT / | -) DET | | | | |
| | • | blielly descri | be the organizar | นบก ร เกเธรเบ | n or most sign | iiiicarit activi | ues. | 36E | PART | - <u>-</u> | a) Brr | <u> </u> | _ | | |
| છ | 1 Briefly describe the organization's mission or most significant activities. SEF PART III (a) BELOW | | | | | | | | | | | | | | |
| Governance | | | | | | | | | | | | | | | |
| E E | _ | | | . – – – . – | n discontinued | | ! _ /! | (VL)-1/-3 | 7 - . | | ,f | | | | |
| ્ટ્ર | 2 | Check this bo | ox ► ∐ if the | organizatio | n discontinued | its operatio | us or giếb | osed of | more | 1an 25/85 | er its net as | sets | 1 / | | |
| | 3 | Number of vo | oung members o | or the govern | ing body (Pan | tvi, line la) | $\sim \Omega$ | 3.00 | \sim | الآرا : ** | · · · · · | 3 4 | 16 | | |
| S | 4 E | Total number | oting members of dependent voting r of individuals e | ig members | of the governi | 2012 (Dod) | / line 2e/ | | V 7 | ~\\&\\. | | 5 | 16 | | |
| Activities & | 2 | Total number | r of volunteers (| empioyed in | calendar year | 2013 (Part) | , illie za) | | ~Qi | r=j . | | 6 | 1 0 | | |
| 둉 | 70 | | ed business revi | | | | | | | ···/ | | 7a | 15 | | |
| ⋖ | | | | | | | | | | | | 7b | 0. | | |
| | D | Net unrelated | i business taxab | ne income ii | om Form 990- | -1, IIII E 34 | · · · · · | • • • • | | | | 70 | 0 . Current Year | | |
| | 8 Contributions and grants (Part VIII, line 1h) | | | | | | | | | | rior Year | 1.0 | | | |
| e e | | | | | | | | | | | 189,6 | 16. | 271,278. | | |
| Revenue | | | | | | | | | | | 15 0 | 24 | 00.764 | | |
| e | 10 | | - | | | | | | | | 15,8 | | 22,764. | | |
| о. | 11 | | ie (Part VIII, colu | | | | | | | | -3,7 | | -53,724. | | |
| | 12 | | e – add lines 8 | | | | | | | | 201,7 | | 240,318. | | |
| | 13 | Grants and s | imılar amounts p | paid (Part IX | l, column (A), l | lines 1-3) . | | | | | 203,2 | 64. | 80,100. | | |
| | 14 | Benefits paid | ers (Part IX, | | | | | | | | | | | | |
| | 15 | Salaries, oth | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | | | | | |
| ses | 16 a | Professional | fundraising fees | s (Part IX. co | lumn (A), line | 11e) | | | | | | | | | |
| Expenses | | | _ | • | | | | | | | 3 - 1 - 1 | . idea | Mary and the second | | |
| 滋 | | | sing expenses (| | | | | | | | | | | | |
| _ | 17 | | ses (Part IX, coi | | | | | | | | | | | | |
| | 18 | • | es. Add lines 13 | | | | | | | | 278,0 | 46. | 169,054. | | |
| | 19 | Revenue les | s expenses. Sub | otract line 18 | from line 12 | | | | | | -76 , 3 | 35. | 71,264. | | |
| 0 0 | | | | | | | | | | Beginni | ng of Currer | t Year | End of Year | | |
| Net Assets Fund Balan | 20 | Total assets | (Part X, line 16) | | | | | | | 2 | 2,743,3 | 04. | 2,826,112. | | |
| Ϋ́ | 21 | Total liabilitie | s (Part X, line 2 | 6) | | | | | | | , | 0. | | | |
| 25 | 22 | Not assets o | r fund balances | Subtract In | e 21 from line | 20 | | | | . [| 2,743,3 | 04 | 2,826,112. | | |
| Do | | | | 000 | | | | | | = | .,,,,,, | <u> 1</u> | | | |
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| | | | or print name and title |) | | | | 1. | | | | | DTIN | | |
| | | Pnnt/Type | preparer's name | | Preparer's sign | ature | | D: | ate | | Check | ıf | PTIN | | |
| Pa | id | JIMMY | BOROVILO | S | JIMMY B | BOROVILO | S | 0 | 9/03/ | 14 | self-employe | ed | P01563866 | | |
| | .u epar | er Firm's nam | ne ► BAHRA | AMIS & E | BOROVILOS | LTD | | | | | | | | | |
| | e Oı | | | | ER RD. SU | | | - | | | Firm's EIN • 45-2521770 | | | | |
| | | 1 | | PLAINES | <u> </u> | | IL 60 | 0018- | 4111 | | Phone no | | | | |
| - | | IDC discuss th | | | hown above? | /coo instruc | | 0010 | 1111 | | | | X Yes No | | |

| | 990 (2013) GREEK AMERICAN RESTAURANT ASSOCIATION | 36-3693719 | Page 2 |
|-----|--|---|---------------------|
| | t III : Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | <u> L</u> |
| 1 | Briefly describe the organization's mission: | | |
| | SEE PART III (a) BELOW | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | prior | _ |
| | Form 990 or 990-EZ? | Yes | X No |
| | If 'Yes,' describe these new services on Schedule O. | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service | s? Yes | X 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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported. | , as measured by expense nt of grants and allocation | es. s to |
| | others, the total expenses, and revenue, if any, for each program service reported. | | |
| 4 a | | Revenue \$ |) |
| | ASSISTS ACTIVE GREEK AMERICAN RESTAURNAT OWNERS PURCHASE | | |
| | ITEMS FOR THE OPERATION OF THEIR ESTABLISHMENTS | | |
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| 4 E | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ |) |
| | CONTRIBUTIONS TO VARIOUS INSTITUTIONS | . | |
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| 4.0 | (Code.) (Expenses \$ including grants of \$) | (Revenue \$ |) |
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| | Other recovery convers (Describe in Schedule O.) | | |
| 4 (| Other program services. (Describe in Schedule O.) | : | 1 |
| | (Expenses \$ including grants of \$) (Revenue | * | |
| RAA | e Total program service expenses ► TEEA0102 07/02/13 | For | n 990 (2013) |

TEEA0102 07/02/13

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Part IV | 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 | | X |
| 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? If 'Yes,' complete Schedule C, Part II | 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 13.0 | 學科 | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| | b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| | c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 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 |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| | 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 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | Х |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 | complete Schedule G, Part III | 19 | | х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | ļ | Х |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Page 4

| | | | Yes | No |
|----|---|-----|-------|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or 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? If 'Yes,' complete Schedule J | 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a | 24a | | Х |
| 1 | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| , | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | |
| ı | 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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): | | | - |
| | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | 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 |
| | 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 | | X |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | 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 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 000 / | X |

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Form **990** (2013)

Form 990 (2013) GREEK AMERICAN RESTAURANT ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule O contains a response or note to any line in this Part V | | | <u>. </u> |
|---|------|-----|--|
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| 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 | | | |
| 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 | | X |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 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 | | X |
| 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? | 6 a | | 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). | | | |
| a 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? | 7 a | | X |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | j |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| 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. a 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: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | İ |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a Gross income from members or shareholders | | | |
| 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? | 12 a | | L |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | · |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 a | | <u> </u> |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | ł |
| 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 | | | |
| c Enter the amount of reserves on hand | | | <u> </u> |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | Х |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | | |

Form 990 (2013) GREEK AMERICAN RESTAURANT ASSOCIATION 36-3693719

| 5 | <u> </u> | tion A. Governing Body and Management | | | | | | |
|--|----------|---|---------------|------------------|---------------|--|--|--|
| | | | | Yes | No | | | |
| | | Enter the number of voting members of the governing body at the end of the tax year | | | ! | | | |
| | | | | | İ | | | |
| | | Enter the number of voting members included in line 1a, above, who are independent | . [| | í | | | |
| | | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | | | | |
| | | | | | | | | |
| | | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X | | | |
| • | | Did the organization make any significant changes to its governing documents | | | | | | |
| | | since the prior Form 990 was filed? | 5 | | $\frac{x}{x}$ | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| | | Did the organization have members or stockholders? | 6 | | <u>X</u> | | | |
| | | members of the governing body? | 7 a | х | | | | |
| | | | 7 4 | ^ | | | | |
| | | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | 7 b | | Х | | | |
| | | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| | | The governing body? | 8 a | Х | | | | |
| | b | Each committee with authority to act on behalf of the governing body? | 8 b | Х | | | | |
| ! | | 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 | 9 | | х | | | |
| S | ect | tion B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | | | | |
| | | | | Yes | No | | | |
| 1 | 0 a | Did the organization have local chapters, branches, or affiliates? | 10 a | | X | | | |
| | | 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? | 10 Ь | | | | | |
| 1 | 1 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | | | | |
| | b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 1 | 2 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | | X | | | |
| | | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | | | | | |
| | С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | 12 c | | | | | |
| 1 | 3 | Did the organization have a written whistleblower policy? | 13 | | <u>X</u> | | | |
| 1 | 4 | Did the organization have a written document retention and destruction policy? | 14 | | X | | | |
| 1 | 5 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| | а | The organization's CEO, Executive Director, or top management official | 15 a | | X | | | |
| | b | Other officers of key employees of the organization | 15 b | | X | | | |
| | ~ | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) | | | 1 | | | |
| 1 | ĥа | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | |
| • | o u | 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? | 16 b | | | | | |
| S | | tion C. Disclosure | | | | | | |
| 1 | | List the states with which a copy of this Form 990 is required to be filed | | - - - | | | | |
| 1 | 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply | for pu | blic | | | | |
| | | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | |
| 1 | 9 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year | le to | | | | | |
| 2 | 0 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | n: | | | | | |
| | • | THOMAS C. DIAMOND 8501 W HIGGINS ROAD, CHICAGO, CHICAGO IL 60631-2883 (7 | 7 <u>3)</u> 3 | <u>99-0</u> | <u> 850</u> | | | |
| ь. | ΔΔ | TFFA0106 07/02/13 | Form | 990 (| 2013) | | | |

| 3 | 6- | . 3 | 6 | 9 | 3 | 7 | 1 | 9 |
|---|----|-----|---|---|---|---|---|---|
| | v | J | v | _ | J | , | _ | _ |

Page 7

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

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

- 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 | this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | | | |
|--|--|--------------------------------|-----------------------|-----------------|--------------|-----------------------------------|----------|--|--|--|--|--|--|
| | | | | (C | ;) | | | | | | | | |
| (A) Name and Title | (B) Average hours per week (list | one bo | x, ùnl | ess p d a di | erson | more the sis both r/trustee | an) | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other | | | |
| | any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation 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) SAM MARKOS | 1.00 | ļ | | | Ì | | ŀ | | | | | | |
| DIRECTOR | | X | | | | | <u> </u> | 0. | 0. | 0. | | | |
| (4) THOMAS C. DIAMOND PRESIDENT | 1.00 | x | | х | | | | 0. | 0. | 0. | | | |
| (5) MATT MANAVES | 1.00 | | | | | | | | | | | | |
| CHAIRMAN OF THE BOARD | 7 | x | | | | | | 0. | 0. | 0. | | | |
| (6) TOM PAPPAS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | L | | 0. | 0. | 0. | | | |
| (7) GEORGE RADAIOS | 1.00 | , | | | | | | 0. | 0. | 0. | | | |
| DIRECTOR | 1 00 | X | | | \vdash | | _ | <u> </u> | 0. | · · · | | | |
| | 1.00 | X | | | | | | 0. | 0. | 0. | | | |
| (9) NICK KATSIS | 1.00 | | | | | | | | | | | | |
| VICE PRESIDENT | | Х | | | | <u>.</u> | | 0. | 0. | 0. | | | |
| (10) STEVE THEOFANOUS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | X | | <u> </u> | | | | 0. | 0. | 0. | | | |
| (11) GEORGE VLAHAKIS | 1.00 |] | : | | ĺ | | | | | | | | |
| DIRECTOR | | Х | <u> </u> | <u> </u> | | | | 0. | 0. | 0. | | | |
| (12) ANGELO SELLIS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | X | | <u> </u> | L_ | | | 0. | 0. | 0. | | | |
| (13) TED ARVANITIS | 1.00 | 1 | - | | 1 | | | | | | | | |
| DIRECTOR | ļ | Х | | | | | | 0. | 0. | 0. | | | |
| (14) GEORGE FOUNTALAS | 1.00 | 1 | | | | | | | _ | _ | | | |
| DIRECTOR | | Х | | <u> </u> | | | | 0. | 0. | 0. | | | |

| Part VII Section A. Officers, Directors, Trus | stees, | Key | En | nplo ۲) | | es, | and | d Highest Con ⊺ | npensated Emp | loyees | s (conti | inued) |
|--|---|---------------|----------------------|---------------------------------------|-------------------------|------------------------------|-------------|--|---|--------------------|---|-------------|
| (A) Name and title | Average hours per | box | , unle | Posi check i ess per ind a d | ition more rson i | than o | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | amou | (F) timated nt of oth pensation | |
| | (list any hours for related organiza - tions below dotted line) | or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | fro orga and | om the inization i related inization | ı |
| (15) CHRIS GEORGES DIRECTOR | 1.00 | X | | | | | | 0. | 0. | | | 0. |
| (16) GEORGE KARAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | | | 0. |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | _ | | |
| (22) | | | <u> </u> | | | - | | | | | <u> </u> | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | - | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | • | • | • | • | > | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | > | 0. | 0. | | 100 | 0 . |
| from the organization | to those | iisted | abo | | WIIC | rece | eive: | | Jou of reportable cor | npensar | | |
| 3 Did the organization list any former officer, director, | or trustee | e, key | / em | ıploy | ee, | or hiç | ghes | st compensated en | nployee | 3 | Yes | No X |
| on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a, is the sum of repo | ortable co | ompe | nsa | tion a | and | othe | r coi | mpensation from | | 1 | | |
| the organization and related organizations greater the such individual | | | ٠. | • • | ٠. | • • | | | | . 4 | | Х |
| 5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co Section B. Independent Contractors | mplete S | ched | lule | J for | SUC | h pe | rson | <u> </u> | | . 5 | | X |
| Complete this table for your five highest compensate compensation from the organization. Report compensation. | d indepe sation fo | nden r the | t co cale | ntrac | ctors r yea | that ar en | rec ding | eived more than \$ with or within the | 100,000 of organization's tax ye | ar. | | |
| (A) Name and business addres | ss | | | | | | | Description of | f services | Compe | C) nsatio | n |
| | | | | _ | _ | | | | | | | |
| | | • | | | | | | | | | | |
| Total number of independent contractors (including both) | out not lin | nıted | to th | nose | liste | ed ab | ove |) who received mo | re than | | _ | |
| \$100,000 of compensation from the organization | <u> </u> | | | | | | | | ļ | | | |

| | Check if Schedule O contains a respon | se or note to any lin | e in this Part VIII | <u></u> | <u></u> | <u></u> [] |
|--|--|--|----------------------|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| TS 'S | 1 a Federated campaigns 1 a | | | | | |
| ¥ N | b Membership dues 1 b | | | | | |
| ລຸ ຊ | c Fundraising events 1 c | | | | | |
| FTS | d Related organizations 1 d | - | | | | |
| ত 🖥 | e Government grants (contributions) . 1 e | | | | | |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1 f | 271,278. | | | | |
| 필입 | g Noncash contributions included in lines 1a-1f S | | | | | |
| ģ₹ | h Total. Add lines 1a-1f | | 271,278. | | | |
| 띨 | | Business Code | 2,1/2,0. | | -, | |
| E S | 2a | | | | | |
| 8 | b | | | | | |
| <u>S</u> | c | | | | | |
| 줊 | d | | | | | |
| S | | | | | | |
| \$ | f All other program service revenue | | | | | |
| စ္အ | g Total. Add lines 2a-2f | | | | | |
| | | | | | | <u> </u> |
| | 3 Investment income (including dividends, in other similar amounts) | nterest and | 22 764 | 22 764 | 0. | |
| | 4 Income from investment of tax-exempt be | L | 22,764. | 22,764. | <u> </u> | 0. |
| | 5 Royalties | · · · | | | | |
| | (i) Real | (ii) Personal | | | | |
| | | | | | | |
| | 1231700 | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | (v) Sequenting | ▶ | -54,694. | -54,694. | 0. | 0. |
| | / a Gross amount from sales of | (ii) Outlet | | | | |
| | assets other than inventory . | ļ <u></u> | | Ì | | |
| | b Less cost or other basis | | | | | |
| | and sales expenses | | | ľ | | 1 |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | _ |
| Щ | | | | | | |
| 퇿 | (not including\$ of contributions reported on line 1c) | | | | | |
| 즱 | | | | | | İ |
| OTHER REVENU | See Part IV, line 18 | 3 | | | | |
| 틍 | b Less direct expenses | " | | - | | |
| _ | c Net income or (loss) from fundraising eve | nts • | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | | P | | | | |
| | c Net income or (loss) from gaming activities | s | | | | |
| | 10 a Gross sales of inventory, less returns | | | | | |
| | and allowances | | | | | |
| | | D | | | | |
| | c Net income or (loss) from sales of invento | | | | | |
| | Miscellaneous Revenue | Business Code | | | | <u> </u> |
| | | 14 | 970. | 970. | 0. | 0. |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | <u> </u> |
| | e Total. Add lines 11a-11d | ▶ | 970. | | | |
| | 12 Total revenue. See instructions | | 240,318. | -30,960. | 0. | 0. |

| Sect | ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res | mplete all columns All o | ther organizations must | complete column (A). | |
|--------|--|--------------------------|--------------------------|---------------------------------|----------------------|
| | Check ii Genedale G contains a rec | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 80,100. | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 33,233. | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | i | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | | | | | |
| | Management | | | | |
| |) Legal | 0.651 | | 0 (51 | |
| | - 1 | 2,651. | | 2,651. | |
| | : Accounting | | | - | |
| | Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| - | Investment management fees | 4,603. | · · · | 4,603. | |
| g | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 7,564. | | 7,564. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 51,300. | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| ā | POSTAGE & DELIVERY | 516. | | 516. | |
| | UTILITIES/TELEPHONE | 6,577. | | 6,577. | |
| | MISCELLANEOUS | 2.725. | | 2,725. | |
| | DUES AND SUBSCRIPTIONS | 303. | | 303. | |
| | e All other expenses · · · · · · · · · · · · · · · | 12,715. | | 12,715. | |
| | Total functional expenses Add lines 1 through 24e. | 169,054. | | 37,654. | |
| | • | 100,004. | | 5.7001. | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| | | Check if Schedule O contains a response or note to any line in this Part X | | | <u> </u> |
|-------------|----------|---|--------------------------|------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | 82,269. | 1 | 206,841. |
| | 2 | Savings and temporary cash investments | 531,241. | 2 | 552,977. |
| ł | 3 | Pledges and grants receivable, net | 271,278. | 3 | 245,294. |
| | 4 | Accounts receivable, net | , i | 4 | |
| - 1 | 5 | Loans and other receivables from current and former officers, directors, | ··· | | |
| | J | trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(1)\(\text{P} \) and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| AS | 7 | Notes and loans receivable, net | | 7 | |
| A S E T S | 8 | Inventories for sale or use | | 8 | |
| T S | 9 | Prepaid expenses and deferred charges | 2,500. | 9 | 0. |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | h | | 1,856,016. | 10 c | 1,821,000. |
| | 11 | Investments – publicly traded securities | 1,030,010. | 11 | 1,021,000. |
| | 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 1 | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,743,304. | 16 | 2,826,112. |
| | 17 | Accounts payable and accrued expenses. | 0. | 17 | 2/020/112. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| L | 20 | Tax-exempt bond liabilities | | 20 | |
| Ļ | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| A B I L I | 22 | 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 | |
| Ť | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| E S | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| ZE | _ | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete | | | |
| T . | | lines 27 through 29, and lines 33 and 34. | | _ | |
| S | 27 | Unrestricted net assets | | 27 | |
| ▲のの世下の | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| O R F | | Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. | | | |
| FUZO | 30 | Capital stock or trust principal, or current funds | 1,000. | 30 | 1,000. |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 64,382. | 31 | 64,382. |
| Ę | 32 | Retained earnings, endowment, accumulated income, or other funds | 2,677,922. | 32 | 2,760,730. |
| BALANCES | 33 | Total net assets or fund balances | 2,743,304. | 33 | 2,826,112. |
| Ĕ | 34 | Total liabilities and net assets/fund balances | 2,743,304. | 34 | 2,826,112. |
| BA | Ā | | | | Form 990 (2013) |

TEEA0111 07/08/13

| orr | m 990 (2013) GREEK AMERICAN RESTAURANT ASSOCIATION 36-369. | 3719 | | Pa | ge 12 | | | | | |
|-----|--|--|------|--------------|--------------|--|--|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | · • • | · | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 24 | 10,3 | 318. | | | | | |
| 2 | | <u> </u> | 16 | <u> </u> | 54. | | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | <u>/1,2</u> | 264. | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | Investment expenses | | | | | | | | | |
| 8 | Prior period adjustments | <u> </u> | | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | |
| 10 | | | | | | | | | | |
| | column (B)) | | 2,82 | <u> 16,1</u> | 12. | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | | |
| | | _ | | Yes | No | | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | | | | | | | | |
| | in Schedule O | _ | | | | | | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | \cdots [| 2 a | Х | | | | | | |
| | 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: | | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | } | | l | | | | | |
| | b 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 separate | | | | | | | | | |
| | basis, consolidated basis, or both | İ | | | | | | | | |
| | 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? | | 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 Single Audit Act and OMB Circular A-133? | | 3 a | | Х | | | | | |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit | - | | | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits |] | 3 b | | | | | | | |
| ВА | A | 1 | Form | 990 (| 2013) | | | | | |

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization Employer identification number GREEK AMERICAN RESTAURANT ASSOCIATION 36-3693719 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2 a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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 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. ► S

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Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 GREEK AMERICAN RESTAURANT ASSOCIATION Page 3 36-3693719 Part VII Investments - Other Securities.

| Complete if the organization answered " | Yes' to Form 990, F | 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) | | | |
| (I) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered | | Part IV, line 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | ıe |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶ | <u>.</u> | | ; |
| Part IX Other Assets. | Ves' to Form 990 F | Part IV, line 11d. See Form 990, Part X, line 15. | |
| | scription | (b) Book value | |
| (1) | | | |
| (2) | | | |
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| (9) | | | |
| (10) | line 45 \ | | |
| Total. (Column (b) must equal Form 990, Part X, column (B), | nine 15) | | |
| Part X Other Liabilities. Complete if the organization answered 'Yes' to F | orm 990 Part IV line 1 | 1e or 11f. See Form 990. Part X. line 25 | |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | ! |
| (2) | | | ļ |
| (3) | | | 1 |
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| (11) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the foot | note to the organization's fina | ancial statements that reports the organization's liability for uncertain | |
| 2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote tax positions under FIN 48 (ASC 740) Check here if the text of the footnote | has been provided in Part XII | | . 🗀 |
| tax positions under this to (ASC 740). Check here it the text of the footbole | Doon profitted in that All | | |

| Schedule D | (Form 990) 2013 | GREEK AMER | ICAN RESTAURA | ANT ASSOCIA | TION | 36-369 | 3719 | Page 5 |
|-------------|-----------------|-----------------|---------------|-------------|---------------|-------------|----------------|--------------|
| Part XIII 6 | Supplementa | I Information (| (continued) | | | | | |
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Schedule **D** (Form 990) 2013

| | Grants and Other Assistance to Organizations. | OMB No 1545-0047 |
|--|--|--------------------------------|
| (Form 990) | Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. | 2013 |
| | Attach to Form 990. | Onen to Public |
| Department of the Treasury Internal Revenue Service | ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. | Inspection |
| Name of the organization | | Employer Identification number |
| GREEK AMERICAN R | GREEK AMERICAN RESTAURANT ASSOCIATION | 36-3693719 |
| Part General Info | Part I General Information on Grants and Assistance | |

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ~ m 4 S 9

Partiva Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013 Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

36-3693719 GREEK AMERICAN RESTAURANT ASSOCIATION 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 7a __YES__

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)Name(s) shown on return Identifying number GREEK AMERICAN RESTAURANT ASSOCIATION Business or activity to which this form relates 36-3693719 Form 990 / Form 990EZ

| | t I Election To Exp | clise Gertairi | Property Under Secomplete Part V before you | romniete Part i | | | | |
|---|---|--|---|---|--|--|---------------|----------------------------|
| 1 | Maximum amount (see instri | | | | | | 1 | |
| 2 | Total cost of section 179 pro | • | | | | | | |
| 3 | Threshold cost of section 17 | | | | | | $\overline{}$ | <u> </u> |
| 4 | Reduction in limitation. Subti | | | | | | | |
| 5 | Dollar limitation for tax year. | | - | | | | - | |
| • | separately, see instructions | | | | | | 5 | |
| 6 | | Description of property | | (b) Cost (business | | (c) Elected cost | | |
| | | | | | | | |] |
| | | | | | | | | |
| 7 | Listed property. Enter the an | nount from line 29 | | | . 7 | | | |
| 8 | Total elected cost of section | | | | | | 8 | |
| 9 | Tentative deduction. Enter the | | | | | | 9 | |
| 10 | Carryover of disallowed ded | | | | | | - | |
| 11 | Business income limitation I | | | | | | | ļ |
| 12 | Section 179 expense deduction Carryover of disallowed deductions | | | | | | 12 | |
| 13 Note | : Do not use Part II or Part III | | | | - 13 | | | <u> </u> |
| Par | | | ice and Other Depr | | at include | listed property \ | 'Soo ir | netructions \ |
| | | | **** | | | | 366 11 | istructions) |
| 14 | Special depreciation allowar tax year (see instructions) | ice for qualified pr | operty (other than listed p | roperty) placed in | service o | during the | 14 | |
| 45 | Property subject to section 1 | | | | | | | |
| 15 | | | | | | | 16 | |
| 16 Par | Other depreciation (including | | nclude listed property.) (S | | • • • • • | | 10 | <u> </u> |
| Гаі | till lindoko bepred | iation (Do not i | Section | | | | | |
| 17 | MACRS deductions for asse | ts placed in service | | | | | 17 | 50,392. |
| | | | | | | | | 307332. |
| 18 | If you are electing to group a asset accounts, check here | iny assets placed | in service during the tax y | ear into one or m | iore genei | rai ► □ | | |
| | | | | | | | | |
| _ | Occuon D | Assets Placed | in Service During 2013 | Tax Year Using (| the Gene | ral Depreciation | Syste | em |
| | (a) Classification of property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | Tax Year Using (d) Recovery period | (e) Convent | (f) | | (g) Depreciation deduction |
| 19 a | (a) Classification of property | (b) Month and | (c) Basis for depreciation | (d) | (e) | (f) | | (g) Depreciation |
| | (a) Classification of property 3-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) | (e) | (f) | | (g) Depreciation |
| k | (a) Classification of property 3-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) | (e) | (f) | | (g) Depreciation |
| t | (a) Classification of property 3-year property 5-year property 7-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) | (e) | (f) | | (g) Depreciation |
| k | (a) Classification of property 3-year property 5-year property 7-year property I 10-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) | (e) | (f) | | (g) Depreciation |
| t | (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) | (e) | (f) | | (g) Depreciation |
| t | (a) Classification of property 3-year property 5-year property 10-year property 110-year property 20-year property 20-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) Recovery period | (e) | (f) | | (g) Depreciation |
| t | (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | (d) Recovery period | (e) | ion (f) Method | | (g) Depreciation |
| t | (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental | (b) Month and year placed | (C) Basis for depreciation (business/investment use | 25 yrs 27.5 yrs | (e) Convent | S/L | | (g) Depreciation |
| | (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convent | S/L S/L S/L | | (g) Depreciation |
| | (a) Classification of property 3-year property | (b) Month and year placed | (C) Basis for depreciation (business/investment use | 25 yrs 27.5 yrs 27.5 yrs | (e) Convent | S/L S/L S/L S/L | | (g) Depreciation deduction |
| | (a) Classification of property 3-year property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 39 yrs | MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | | (g) Depreciation deduction |
| | (a) Classification of property 3-year property 5-year property 10-year property 110-year property 20-year property 25-year property Nonresidential real property Section C - | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 39 yrs | MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | n Sys | (g) Depreciation deduction |
| t c c c c c c c c c | (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Nonresidential real property Class life Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 39 yrs | MM MM MM | S/L S/L S/L S/L S/L S/L | n Sys | (g) Depreciation deduction |
| t c c c c c c c c c | (a) Classification of property 3-year property 5-year property 10-year property 110-year property 20-year property 25-year property Nonresidential real property Section C - | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs | MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | n Sys | (g) Depreciation deduction |
| t c c c c c c c c c | (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Nonresidential real property Class life 12-year. | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th | MM MM MM MM MM MM MM MM MM MM MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | n Sys | (g) Depreciation deduction |
| t c c c c c c c c c | (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Nonresidential real property Class life 12-year 40-year | (b) Month and year placed in service 01/13 Assets Placed in structions.) | (c) Basis for depreciation (business/investment use only — see instructions) | 25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th | MM MM MM MM MM MM MM MM MM MM MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | n Sys | (g) Depreciation deduction |
| t c c c c c c c c c c c c c c c c c c c | (a) Classification of property 3-year property 7-year property 10-year property 110-year property 215-year property 225-year property Residential rental property Nonresidential real property Section C - Class life 12-year 140-year Summary (See in | (b) Month and year placed in service 01/13 Assets Placed in structions.) nt from line 28. | (c) Basis for depreciation (business/investment use only — see instructions) 36, 954. n Service During 2013 T | 25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th | MM MM MM MM MM MM MM MM MM MM MM MM MM | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S/ | n Sys | (g) Depreciation deduction |

| Par | | Property (Inc | clude automol | | | | | comp | uters, | and pr | operty | used fo | | inment, | 9 | Page |
|----------|--|--------------------------------------|---|-----------------------------|------------------------------|------------------------|---|------------------|------------------|--------------------|-------------------|--------------------------|--|--|--------------------------------------|-----------------------------------|
| | Note: Fo | n, or amusemer Ir any vehicle fo | r which you ai | | | | | | | lease | expens | se, com | plete onl | y 24a, 2 | 4b, | |
| | | (a) ťhrough (c) o n A – Deprecia | | | | | | | | or limit | s for p | assena | er autom | obiles) | <u></u> | |
| 24 a | Do you have eviden | | | | | | | $\overline{}$ | | | | | ce written? | | X Yes | No |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (C) Business/ investment use percentage | (c Cos other | i) t or | Basis f | (e) or deprecia ess/investra use only) | | (1 Reco | very | Me | (g) ethod/ vention | Depr | (h) reciation duction | sec | (i) lected tion 179 cost |
| 25 | used more than | 50% in a qualifi | for qualified li ied business u | <u>ise (see in</u> | struction | | | - | • | | | 25 | | | | |
| 26 | Property used n | | _ ' | | | | | | | | | | 1 | | | _ |
| 200 | 2 CHEV VAN | 01/24/02 | 100.00 | 26 | 5,551. | | 26,5 | 51. | 5. | 00 | S/L | -HY | | 0 | • | |
| 27 | Property used 5 | 0% or less in a c | qualified busin | ess use: | | | | | | | <u> </u> | | <u> </u> | | | |
| | | | | | | | | | | | - | | | | | |
| | | | | | | <u> </u> | | - | | | | | <u> </u> | | _ | |
| 28 | Add amounts in | column (h), line | s 25 through 2 | 27. Enter h | ere and | on line 2 | 1, page | 1 | | | | 28 | | 0 | - | |
| 29 | Add amounts in | | _ | | | | | | | | | | | . 29 | | |
| _ | | | | | B – Info | | | | | | | | 16 | | | |
| to yo | plete this section our employees, fir | for vehicles use st answer the qu | ed by a sole pluestions in Se | ction C to | see if you | r other r u meet a | nore tha in excep | n 5% tion to | owner comp | , or re leting | this se | erson. ction fo | r those v | ehicles. | enicies | |
| 30 | Total business/i | (do not include | | Veh | a) icle 1 | (b Vehi |) cle 2 | V | (c) ehicle (| 3 | (d Vehi | | Vehi | cle 5 | Veh | f) icle 6 |
| 31 | commuting mile Total commuting m | • | | | | | | | | + | | | - | | | |
| 32 | Total other pers | onal (noncomm | uting) | | | | | | | | | | | | | |
| 33 | Total miles drive lines 30 through | | | | 1 | | | | | _ | | Γ | | T | | Т |
| 34 | Was the vehicle | | | Yes | No | Yes | No | Ye | s N | lo | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle than 5% owner | used primarily | bv a more | | | | | | | _ | | | | 1 | | |
| 36 | Is another vehic personal use? | le available for | | | | - | | | | | | | | | | |
| Ancı | wer these questio | | C - Question | | | | | | | | | | | not mo | re than | |
| 5% c | owners or related | persons (see in | istructions). | ii exceptio | ii to com | pieting o | ection L | 101 4 | enicies | useu | by em | pioyees | , WIIO 210 | | ic tilaii | |
| 37 | Do you maintair | a written policy | statement the | | | | | | ncludin | g com | muting | , | | | Yes | No |
| 38 | Do you maintair employees? Se | a written policy the instruction | statement the | at prohibits used by co | s persona orporate | al use of officers, | vehicles director | , exc s, or 1 | ept con | nmutir nore o | ig, by y wners | our | | | | |
| 39 | Do you treat all | | | | | | | | | | | | | | | |
| 40 | Do you provide vehicles, and re | more than five v tain the informa | rehicles to you tion received? | ır employe | es, obtai | n inform | ation fro | m you | ur empl | oyees | about | the use | of the | | | |
| 41 | Do you meet the Note: If your an | e requirements of swer to 37, 38, | concerning qu 39, 40, or 41 i | alified auto s 'Yes,' do | omobile o | demonsti plete Se | ration us ction B i | e? (S for the | ee inst cover | ruction ed vel | ns.) . nicles | | | | | |
| Pa | rt VI Amort | ization | | | | | | | | | | | | | | |
| | Des | (a) scription of costs | | 1 | (b) mortization pegins | | (C) Amortizati amount | | | (d Cod secti | le | l p | (e) nortization period or ercentage | 1 | (f) Amortization for this year | |
| 42 | Amortization of | costs that begin | ns during your | 2013 tax y | year (see | instruct | ions): | | | | | | | | | |
| | | | | | | | | | - | | | | | ļ. — | | |
| | Americation | costs that bega | an hefere ver | 2013 tox | | l | | | | | | | 43 | | | |
| 43 44 | | costs that bega ounts in column | | | | | | | | | | | 44 | | | |