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## , Form 990

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

2014

Department of the Treasury Vinternal 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 Inspection

В		IIE ZU IT CAICII	lar year, or tax year beginning , 2014, and ending				
4	Check	ıf applicable	C Name of organization GREEK AMERICAN RESTAURANT ASSOCIATION	TION	D Employ	er identifi	cation number
	L	ddress change	Doing business as		36-	36937	19
	N	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telepho	one numbe	7
		itial return	733 LEE ST 200		<u>(</u> 84	<u>7) 63</u>	5-1500
	Fi	nal return/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Па	mended return	DES PLAINES IL 60016		<b>G</b> Gross r	eceipts \$	381,261.
	$\prod_{A}$	pplication pending		(a) Isthisa	group return	for subord	
			THOMAS C. DIAMOND 2300 S. MANHEIM RD DES PLAINES IL 60018 H	(b) Are all su If 'No,' at	bordinates	included?	Yes N
_	Tax	-exempt status	501(c)(3) X 501(c) ( 6 ) (Insert no ) 4947(a)(1) or 527	ir No, ar	tach a list. (	see instruc	uons)
	We	bsite: ► N/	<del></del>	(c) Group ex	emption nu	mber ►	
<u> </u>	Forn	n of organization	X Corporation Trust Association Other ► L Year of formation			State of leg	al domicile IL
Pi	rt I	Summar			<del> \                                </del>		
	1		e the organization's mission or most significant activities.  SEE PART	III (a	) BEL	OW	
a		•	· · · · · · · · · · · · · · · · · · ·		·	<u></u>	
ဋ			·				
Activities & Governance			·				
Š	2	Check this bo				ssets.	
5	3		ing members of the governing body (Part VI, line 1a)			3	
Š	4		ependent voting members of the governing body (Part VI, line 1b)			4	<u></u>
Ĭ	5		of individuals employed in calendar year 2014 (Part V, line 2a)			5	
5	7-	Total uprelate	of volunteers (estimate if necessary)	• • • •		6 7a	1
•	'a h	Net unrelated	business revenue from Part VIII, column (C), linepaccity = 0			7b	0 -129,515
	<u>~</u>	Tet diriciated	desires taxable income from 10m 350-1 mile 64.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Dri	or Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		271,2	78	245,592
	9	Program servi	ce revenue (Part VIII, line 2g)		211,2	.,	243,332
•	10				22,7	64.	30,659
Š	11	Other revenue	ome (Part VIII, column (A), lines 3, 4, and 7d)  (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e)		-53,7		-76,091
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		240,3	-	200,160
	13	Grants and si	nılar amounts paid (Part IX, column (A), lines 1-3)		80,1		94,500
	14	Benefits paid	o or for members (Part IX, column (A), line 4)				
	15	Salanes, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)				
Ses	16 a	Professional f	undraising fees (Part IX, column (A), line 11e)				
Expenses			ng expenses (Part IX, column (D), line 25) ►		\$ \$48.40 \$ \$40.50 \$ \$20.50	1.7 6	7
ă							·· <del>·</del>
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		88,9		71,768
	18	i otai expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		169,0	754.	166,268
	40		Superior Cultivation 40 from the 40		71 0		
- 6	19		expenses Subtract line 18 from line 12	<b>D</b>	71,2		33,892
ances		Revenue less		Beginning	of Currer	nt Year	33,892 End of Year
Balances	20	Revenue less Total assets (	Part X, line 16)			nt Year	33,892 End of Year 2,652,747
and Balancee	20 21	Revenue less  Total assets ( Total liabilities	Part X, line 16)	2,	<b>of Currer</b> 826,1	12.	33,892 End of Year 2,652,747 1,287
Fund Balance	20 21 22	Total assets ( Total liabilities Net assets or	Part X, line 16)	2,	of Currer	12.	33,892 End of Year 2,652,747 1,287
Fund Balance	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur	Part X, line 16)	2,	826, 1 826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
Fund Balance	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur	Part X, line 16)	2,	826, 1 826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
Fund Balanc	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur	Part X, line 16)	2,	826, 1 826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
monday Production	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur ties of penury, I deceleration of prepar	Part X, line 16)	2,	of Currer 826, 1 826, 1 dge and bel	12.	33,892 End of Year 2,652,747 1,287 2,651,460
Di Di Fund Balanc	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur ties of penury, I deceleration of prepar	Part X, line 16)	2,	826, 1 826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
Di Di Fund Balanc	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur Uses of penjury, I decederation of prepara	Part X, line 16)	2,	826, 1 826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
John Pund Balance	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur ties of penury, I decederation of prepart Signatur Type or	Part X, line 16).  (Part X, line 26)  fund balances, Subtract line 21 from line 20  Block  are that have examined this four, including accompanying schedules and statements, and to the best of jointe (than officer) is based in all information of which preparer has any knowledge  or officer  Ted Attuact	2, 2, of my knowled	of Currer   826, 1   826, 1	12.	33,892 End of Year 2,652,747 1,287 2,651,460
le l	20 21 22 rt II	Total assets ( Total liabilities Net assets or Signatur ties of penjury, I decectaration of prenjury Signatur Type or Print/Type p	Part X, line 16)	2, 2, of my knowled	of Currer   826, 1   826, 1	nt Year 12. 12. 12. 17. 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	33,892 End of Year 2,652,747 1,287 2,651,460 a, correct, and
icie a	20 21 22 rt II r penal lete D	Total assets ( Total liabilities Net assets or Signatur ties of perjury, I dececlaration of prepart Signatur Type or Print/Type p JIMMY	Part X, line 16)	2, 2, of my knowled	of Currer   826, 1   826, 1	nt Year 12. 12. 12. 17. 19. 19. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	33,892 End of Year 2,652,747 1,287 2,651,460 a, correct, and
or ice and a read Balance	20 21 22 rt II r penal lete Di	Total assets ( Total labilities Net assets or Signatur tes of penjury, I decederation of preparation of prepara	Part X, line 16)	2, 2, of my knowler Date OFFICI	g of Curret 826, 1 826, 1 dge and bel	nt Year 12. 12. 12. 15. 16, it is true -/5	33,892 End of Year 2,652,747 1,287 2,651,460 a, correct, and
Pind Balance	20 21 22 rt II r penal lete D	Total assets ( Total liabilities Net assets or Signatur ties of perjury, I decectaration of prepart Type or PrintyType or JIMMY Firm's name	Part X, line 16).  (Part X, line 26)  und balances, Subtract line 21 from line 20  Be Block  are that have examined this four, including accompanying schedules and statements, and to the best of cothe (than officer) is based in all information of which presare has any knowledge  are of officer  To Artural  To Artural  Date  Preparer's signature  BOROVILOS  JIMMY BOROVILOS  BAHRAMIS & BOROVILOS LTD  BAHRAMIS & BOROVILOS LTD  1645 S. RIVER RD. SUITE 17	2, 2, of my knowled Date OFFICI	gof Currer 826, 1 826, 1 dge and bel Garage Archeck	nt Year 12. 12. 12. 15. 16, it is true -/5	33,892 End of Year 2,652,747 1,287 2,651,460 a, correct, and
Siç He	20 21 22 rt II r penal lete D	Total assets ( Total liabilities Net assets or Signatur ties of penury, I decederation of preparation Type or Print/Type p JIMMY Firm's name Firm's addre	Part X, line 16)	2, 2, of my knowled Date OFFICI	g of Curret 826, 1 826, 1 dge and bel	nt Year 12. 12. 12. 15. 16, it is true -/5	33,892 End of Year 2,652,747 1,287 2,651,460 a, correct, and

	990 (2014) GREEK AMERICAN RESTAURANT ASSOCIATION	36-3693719	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
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 p		
	Form 990 or 990-EZ?	· · · · · · · · · Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	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, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of and revenue, if any, for each program service reported	as measured by expense the total expenses	es. S,
4 a	(Code) (Expenses \$ including grants of \$) (R	Revenue \$	
	ASSISTS ACTIVE GREEK AMERICAN RESTAURNAT OWNERS PURCHASE		
	THEMS FOR MILE OPENATION OF MULTIPLECTIVE COMPLETE COMPANY		
	TIEMS FOR THE OPERATION OF THEIR ESTABLISHMENTS		
4 h	(Code: ) (Expenses \$ including grants of \$ ) (R	Pevenue S	١
	COMPLETE WILLIAM TO THE PROPERTY OF THE PROPER		
	CONTRIBUTIONS TO VARIOUS INSTITUTIONS	<b>-</b>	
	(Code: ) (Expenses \$ including grants of \$ ) (R	Povonuo ¢	)
4 C	(Code:) (Expenses \$ including grants of \$) (R	.evenue 5	
		<b></b>	
		- <b></b>	
	<u> </u>		
4 d	Other program services. (Describe in Schedule O.)		,
	(Expenses \$ including grants of \$ ) (Revenue \$		)
	Total program service expenses TEEA0102 05/28/14	Form	n <b>990</b> (2014)
BAA	1 EEA/102 U3/20/14	. 3111	

			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? 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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	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	11b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	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	11e		Х
	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	11f		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
١	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		X
-	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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
	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

## Form 990 (2014) GREEK AMERICAN RESTAURANT ASSOCIATION Part IV

	'Continued Continued		Yes	No
	·			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
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
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		$\vdash$
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I	25a		
1	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 '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):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	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? <i>If 'Yes,' complete Schedule L, Part IV </i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31		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, Part II, III, or IV, and Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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		х

BAA

Form 990 (2014)

_	1990 (2014) GREEK AMERICAN RESTAURANT ASSOCIATION 36-369371	. 9	<u> </u>	age :
<u>Pa</u>	rt_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			
			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	ח	]	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	T		
	(gambling) winnings to prize winners?	1 c	X	<u>L</u>
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 2 a (	, [		
-	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	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	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		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
ı	solicit any contributions that were not tax deductible as charitable contributions?	6 a	<del> </del>	Х
7	not tax deductible?	6 b		-
	- ','	1		
;	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
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		_
	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		X
	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	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			[
	a Initiation fees and capital contributions included on Part VIII, line 12	i		
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	]	<b>,</b>	
11	Section 501(c)(12) organizations. Enter	1	'	
:	a Gross income from members or shareholders	1		
ı	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   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
1	b Enter the amount of reserves the organization is required to maintain by the states in			1
	which the organization is licensed to issue qualified health plans	-		
	c Enter the amount of reserves on hand	<del> </del>		<del> ,-</del>
14	a Did the organization receive any nayments for indoor tanning services during the tax year?	14a	1	ı X

**b** If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . .

Form 990 (2014) GREEK AMERICAN RESTAURANT ASSOCIATION Page 6 36-3693719 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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 1 a 0 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 . . . . . 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . . . . 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х X 15b 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 Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

	organization's exempt status with respect to such arrangements?
Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ► Illinois
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records

60631-2883 CHICAGO THOMAS C. DIAMOND 8501 W HIGGINS ROAD, CHICAGO,

(773) 399-0850 Form 990 (2014)

## 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.

X Check 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	director/trustee)		n	(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)	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 DIRECTOR	1.00	X						0.	0.	0.
(2) CHRIS DEMOS TREASURER	1.00	х						0.	0.	0.
(3) PETER ARCHOS ASST. TREASURER	1.00	Х						0.	0.	0.
	1.00	х						0.	0.	0.
(5) THOMAS C. DIAMOND PRESIDENT	1.00	Х		Х				0.	0.	0.
(6) MATT MANAVES CHAIRMAN OF THE BOARD	1.00	х						0.	0.	0.
	1.00	х					ı	_0.	0.	0.
(8) GEORGE RADAIOS DIRECTOR	1.00	Х						0.	0.	0.
(9) PETER SARANTOPOULOS DIRECTOR	1.00	Х			ļ			0.	0.	0.
(10) NICK KATSIS  VICE PRESIDENT	1.00	х						0.	0.	0.
(11) STEVE THEOFANOUS DIRECTOR	1.00	х						0.	0.	0.
(12) GEORGE VLAHAKIS DIRECTOR	1.00	х						_0.	0.	0.
(13) ANGELO SELLIS DIRECTOR	_1.00	х						0.	0.	0.
	1.00	Х						_0.	0.	0.

(A) Name and title	(B) Average hours	(do	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)			ne an	(D) Reportable	(E)	(F)		ſ	
	per week (list any hours for related organiza - tions below dotted line)	Individual trustee	r <del></del>	Officer		Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	int of oti pensation om the anization d related anization	on n d
115) GEORGE FOUNTALAS DIRECTOR	1.00_	x						0.	0.			0.
(16) CHRIS GEORGES DIRECTOR	1.00_	x						0.	0.			0.
(17) GEORGE KARAS DIRECTOR	1.00_	x				_		0.	0.			0.
(18)											-	
(19)												
(20)	<del> </del>											
(21)												
(22)		<u> </u>										
(23)							_					
(24)		<del> </del>			-							
(25)							_					
1 b Sub-total							<b>&gt;</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>►</b>	0.	0.			0.
2 Total number of individuals (including but not limited							eive			npensa	tion	
from the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3		X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the organization.	oortable co	mpe	nsat	ion a	and	other	coı	mpensation from		•	,	
such individual					• •		• •			4		Х
for services rendered to the organization? If 'Yes,' c	omplete S	chea	lule .	J for	suc	h pei	son	1	· · · · · · · · · · · · · · · · · · ·	. 5		Х
1 Complete this table for your five highest compensation from the organization Report compe	ed indepe	nden	t cor	ntrac	ctors	that	rec	eived more than \$1	00,000 of	ar		
(A)  Name and business addre		i iiie	Cale	iluai	ı yea	ir ent	uirig	(B)			C)	
, raine and basiness day												
							_					
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	d ab	ove	) who received mor	re than	•		
\$100,000 of compensation from the organization	<u> </u>	TEEAC		20/0/	0/45					Form	990 /	2014

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns 1 a			1000.00	·····	
3ra Iou	t	Membership dues 1 b					
S, C	۰ ا	Fundraising events 1 c					
E E	0	Related organizations 1 d		}			
ıs,	e	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	245,592.				
a de	9	Noncash contributions included in lines 1a-1f \$					,
<u>ರೆ ೯</u>	r	Total. Add lines 1a-1f		245,592.			
Program Service Revenue		В	Business Code				
₹ 8	2 a	'			<u></u>		
č	t	)				· · · · · · · · · · · · · · · · · · ·	
Š.	٥	: <b></b>				***	
38	0	·					
띭	e						
2	f	All other program service revenue	_				
Ĕ	و ا	Total. Add lines 2a-2f	▶				
	3	Investment income (including dividends, intere	est and				
		other similar amounts)	▶[	30,659.	30,659.	0.	0.
	4	Income from investment of tax-exempt bond p	<u> </u>				
	5	Royalties					
		(i) Real	(II) Personal				
	6 a	Gross rents 105,010.					
	l t	Less: rental expenses 181,101.					
	C	Rental income or (loss)76,091.					
	d	Net rental income or (loss)	<u>.</u> ►	-76,091.	<u>-76,091.</u>	0.	0.
	7 a	Gross amount from sales of assets other than inventory	(II) Other			,	
	t	Less cost or other basis and sales expenses					
	٥	Gain or (loss)					
	0	Net gain or (loss)					
를	8 a	Gross income from fundraising events (not including. \$					
Other Reven		of contributions reported on line 1c).					
æ	ĺ	See Part IV, line 18 a	ĺ		ĺ		,
호	l t	Less direct expenses b					
₹	0	: Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
		: Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	]	and allowances a			j		
	t	Less cost of goods sold b					
	_ 0	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue B	Susiness Code				
	11 a						
	l t	<del></del>					
	0	·					
	-	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	<u> ►</u>	200,160.	-45,432.	0.	0.

#### Part IX | Statement of Functional Expenses

Do 1 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	94,500.	94,500.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	317000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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	Fees for services (non-employees)				
-	Management				
	Legal	6,000.	6,000.		
С	Accounting				
_	Lobbying				
е	Professional fundraising services See Part IV, line 17				
-	Investment management fees	5,096.	5,096.		
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	680.	680.		
13	Office expenses	381.	381.		
14	Information technology				
15	Royalties				
16	Occupancy			· · · - · · · · · · · · · · · · · · · ·	
17	Travel		·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
_	Interest			<del></del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53,424.		·	
23 24	Other expenses Itemize expenses not				
2-4	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)				
а	POSTAGE & DELIVERY	0.	0.		·
	UTILITIES/TELEPHONE	0.	0.		<u> </u>
	MISCELLANEOUS	1,869.	1,869.		
	DUES AND SUBSCRIPTIONS	678.	678.		
е	All other expenses	3,640.	3,640.		
25	Total functional expenses. Add lines 1 through 24e	166,268.	112,844.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	_	Check if Schedule O contains a response or note to any line in this Part X			[
		•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	206,841.	1	248,484.
	2	Savings and temporary cash investments	552,977.	2	566,918.
	3	Pledges and grants receivable, net	245,294.	3	
	4	Accounts receivable, net		4	<del> </del>
	5	l l			
ŀ	3	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		ll-	
		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(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	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	0.	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			-
	b	Less accumulated depreciation	1,821,000.	10 c	1,837,345.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	<u>-</u> -	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,826,112.	16	2,652,747.
	17	Accounts payable and accrued expenses		17	1,287.
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u>.</u>
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	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	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	1,287.
إي		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
8		lines 27 through 29, and lines 33 and 34.			
ë	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	1,000.	30	1,000.
ŝ	31	Paid-in or capital surplus, or land, building, or equipment fund	64,382.	31	64,382.
As	32	Retained earnings, endowment, accumulated income, or other funds	2,760,730.	32	2,586, <u>078.</u>
Net Assets	33	Total net assets or fund balances	2,826,112.	33	2,651,460.
_	34	Total liabilities and net assets/fund balances	2,826,112.	34	2,652,747.
BA	Ā				Form 990 (2014)

orn	n 990 (2014) GREEK AMERICAN RESTAURANT ASSOCIATION 36-	3693719		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				<u>.    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20	00,1	<u>60.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	56,2	68.
3	Revenue less expenses. Subtract line 2 from line 1	3		33,8	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,82	26,1	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,8	50,0	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b>			. П
				Yes	No
1	Accounting method used to prepare the Form 990.			-	
	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?		2 a	X	
	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				
	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:    Separate basis				
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt,	2 c	х	<u> </u>
	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 a		3 b		

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Form 990 (2014)

#### 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.

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

	GREEK AMERICAN RESTAURANT A	ASSOCIATION		36-369	93719				
Par	Organizations Maintaining Dono Complete if the organization answ	or Advised Funds or Oth ered 'Yes' to Form 990, P	er Similar Fund art IV, line 6.	s or Accounts.					
		(a) Donor advised f	unds	(b) Funds and	other accou	ınts			
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	advisors in writing that the asse ganization's exclusive legal conti	ts held in donor advis	sed funds	Yes	No			
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or for	or any other purpose	conferring	Yes	□No			
Dar	TIP Conservation Easements.		<del></del>						
<u>r ai</u>	Complete if the organization answers	ered 'Yes' to Form 990. P	art IV. line 7.						
1									
·	Preservation of land for public use (e.g., recr		<del></del>	historically important	land area				
	Protection of natural habitat			certified historic struc					
	Preservation of open space	1							
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ntribution in the form	of a conservation ea	sement on	the			
				Held at the	End of the	e Tax Year			
	Total number of conservation easements			2 a					
t	Total acreage restricted by conservation easeme	ents		2 b					
c	Number of conservation easements on a certified	d historic structure included in (a	)	2 c					
d	Number of conservation easements included in ( structure listed in the National Register		• • • • • • • • •	2 d					
3	Number of conservation easements modified, tratax year ►	insferred, released, extinguished	d, or terminated by the	e organization dunng	g the				
4	Number of states where property subject to cons	ervation easement is located 🟲							
5	Does the organization have a written policy regar	rding the periodic monitoring, ins	spection, handling of	violations, r	٦.,	_,,			
_	and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easements di	uring the year					
7	Amount of expenses incurred in monitoring, inspi	ecting, and enforcing conservati	on easements during	the year					
8	Does each conservation easement reported on $II$ and section 170(h)(4)(B)(II)?			[	Yes	No			
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements.	ne organization's financial staten	nents that describes t	the organization's ac	counting for				
Par	Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990, P	Treasures, or O art IV, line 8.	ther Similar As	sets.				
1 a	If the organization elected, as permitted under St art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	on, or research in furtl	ment and balance sh herance of public se	neet works or rvice, provid	of de,			
t	of the organization elected, as permitted under Sf historical treasures, or other similar assets held f following amounts relating to these items	or public exhibition, education, o	or research in furthera	ance of public service	e, provide tř	rt, ne			
	(i) Revenue included in Form 990, Part VIII, line	e 1		▶\$					
	(ii) Assets included in Form 990, Part X			▶\$					
	If the organization received or held works of art, I amounts required to be reported under SFAS 116	6 (ASC 958) relating to these ite	ems:						
	Revenue included in Form 990, Part VIII, line 1.								
b	Assets included in Form 990, Part X	<u></u> <u></u>	· · · · · · · · · · · · · · · ·	<u>.</u> <u>►</u> \$					

3b b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R? . . . . .

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings	1,980,288.			1,980,288.
c Leasehold improvements				
d Equipment	136,728.			136,728.
e Other			<u> </u>	
	15 000 D- 4V 1	(D) ( 40-)		2 117 016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule **D** (Form 990) 2014

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Part VII Investments — Other Securities.	'Vaa' ta Earm 000	Port IV/ line 11h See Form 000 Port V line 12
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		(c) Method of Valuation Cost of end-of-year market Value
(2) Closely-held equity interests		
(3) Other		
(Δ)		<del></del>
(B)	<u> </u>	<del>                                     </del>
(c)		<del> </del>
(D)		
(E)		
<u>(F)</u>		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >		
Part VIII Investments - Program Related.		
		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
(1)		
(2)		
(3)	ļ	
(4)		
(5)		
(6)		
(7)		<del></del>
(8)		
<u>(9)</u> (10)		<del> </del>
Total (Column (b) must equal Form 990, Part X, column (B) line 13) >		
Part IX Other Assets.		<u></u>
Complete if the organization answered '		Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
<u>(1)</u> (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)	
Part X Other Liabilities.	orm 000 Dort IV line 1	110 or 11f Coo Form 000 Part V line 25
Complete if the organization answered 'Yes' to F  (a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) Book value	<del></del>
(2)		<del></del>
(3)		
(4)		
(5)		
(6)		<u> </u>
(7)		
(8)		<del> </del>
(9)		<del>-</del>
(10)		<del>-</del>
(11)		<del> </del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	note to the organization's fin	lancial statements that reports the organization's liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part XI	III
The second secon	<u> </u>	

Part XIII | Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Schedule **D** (Form 990) 2014

BAA

# SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2014

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

Attach to Form 990. Governments, and Individuals in the United States

Openito Public **Employer identification number** 36-3693719 Information about Schedule ! (Form 990) and its instructions is at www.irs.gov/form990. GREEK AMERICAN RESTAURANT ASSOCIATION

Part I.: General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

ž × Part IIt Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if 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. 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(h) Purpose of grant or assistance DONATION DONATION DONATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 130,714. (d) Amount of cash grant 50,000 8,050 (c) IRC section if applicable 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. 36-3568402 36-7350342 36-3410469 (p) EIN (1) NATIONAL HELLENIC MUSEUM (2) HELLENIC SCHOLARSHIP FUND (3) GREEK AMERICAN REHABILITA \_333\_S\_Halsted\_St\_\_\_\_ DES PLAINES IL 60018 (a) Name and address of organization or government WHEELING IL 60090 Chicago IL\_60661 \_\_1645\_S\_RIVER\_RD\_ \_220\_N 1st St\_ 1 1 € 5 ଞ୍ଚ 8 9

Schedule I (Form 990) (2014)

TEEA3901 06/19/14

Schedule I (Form 990) (2014) GREEK AMERICAN RESTAURANT ASSOCIATION

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

call be duplicated if additional space is ficeded.	c is ilecaed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					•
2					
က					
4					
S.					
9					
7					
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information r	equired in Part I, lir	ne 2, Part III, colum	n (b), and any other ado	litional information.

Schedule I (Form 990) (2014)

#### 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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GREEK A	<u>AMERICAN</u>	<u>RESTAURANT</u>	ASSOCIAT:	ION					[36	3-36	93/19	
Pt VI,	Line 7a	YES		_								
Pt VI,	Line 8a	YES										
Pt VI,	Line 8b	YES										
Pt VI,	Line 11b	SEVERAL	OFFICERS	MEET	AND	REVIEW	THE	RETURN	PRIOR	TO	FILING	