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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

OMB No 1545-0047

<b>%</b>	<u> </u>	or the 2	010 calendar year, or tax year beginning OCT 1, 2010 and en	ding S	EP 30, 2011	<u> </u>	
	Cr	neck if plicable	C Name of organization		D Employer identifi	cation number	
ک ا		Address	Washington Restaurant Association				
<u>60</u>		Name change	Doing Business As		91-0586362		
		Initial  return  Termin-	Number and street (or P 0 box if mail is not delivered to street address)  80 80 80 80 80 80 80	om/suite ) ()	E Telephone number 360-956-7279		
DATE		Jated  Amended  return			G Gross receipts \$	2,919,178.	
		Applica-	Olympia, WA 98501-1587		H(a) Is this a group re	eturn	
		pending	F Name and address of principal officer: Anthony Anton		for affiliates?	Yes X No	
THE AND			same as C above		H(b) Are all affiliates inc	cluded? Yes No	
	l Ta		npt status:501(c)(3)X 501(c)( 6) ◀ (insert no ) 4947(a)(1) or	527	If "No," attach a	list (see instructions)	
, (e==0)	J W	ebsite:	▶ www.wrahome.com		H(c) Group exemption		
		******	ganization Corporation Trust X Association Other ▶	L Year	of formation 1929	M State of legal domicile WA	
L,	Pa		Summary	.~	r momborg c	nagood	
	Activities & Governance	1 Br	riefly describe the organization's mission or most significant activities Helpir	ig ou	I members s	ucceeu.	
	E.	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as		
	Š	3 No	umber of voting members of the governing body (Part VI, line 1a)		3	26	
	જ 		umber of independent voting members of the governing body (Part VI, line 1b)		4	26	
1.	ies		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	35	
	<u>:</u>		otal number of volunteers (estimate if necessary)		6	1 147 511	
	¥ċ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	1,147,511. 566,123.	
-		b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	<del></del>	
		9 0	entributions and greats (Part VIII. line 1b)		Prior Year 1,188,627.	Current Year 0.	
:	Revenue		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)	1,285,599.	<del> </del>		
•	) Ver		vestment income (Part VIII, column <u>(A), lines-3</u> ; 4, and 7d)	<del></del>	358,243.		
	æ		ther revenue (Part-VIII, column; (A) \\ \lines \( \frac{5}{3} \) 6d, 8c, 9c, 10c, and 11e)		227,192.		
1			otal revenue - add lines 8 through 11 (must-equal Part VIII, column (A), line 12)		3,059,661.	2,919,178.	
-			rants and similar amounts paid (Part IX, column (A), lines 1-3)		6,500.	2,500.	
	ļ		enefits paid to ordor members (Part IX; column (A) line 4)		0.	0.	
	တ္ဆ		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,871,153.		
	Expenses	16a Pr	ofessional fundraising fees (Part IX) column (A), line 11e)		0.	0.	
_	ğ	<b>b</b> To	otal fundraising expenses (Part IX-column-(D), Iline 25)	<u> </u>			
	ш	<b>17</b> O	ther expenses (Part-IX, column (A), lines 11a-11d, 11f-24f)		1,205,421.		
i		18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,083,074.		
> -	-,	19 R	evenue less expenses. Subtract line 18 from line 12		<23,413.		
1 6	d Balances			Be	ginning of Current Year	End of Year	
- 3	B25		otal assets (Part X, line 16)	-	2,009,763. 877,530.	2,055,811. 895,349.	
<u> </u>			otal liabilities (Part X, line 26)	-	1,132,233.		
3 6			et assets or fund balances. Subtract line 21 from line 20 Signature Block		1,132,233.	1,100,402.	
7 -			es of perjury, I declare that I have examined this return, including accompanying schedules a	nd statem	ents, and to the hest of m	by knowledge and belief, it is	
			and complete. Declaration of preparer (other than officer) is based on all information of which			y mioniogo and bonor, it is	
<u>-</u> ڏِ	,	30.1001,	MILITH	<b>F</b> • • <b>F</b> • • • • • • • • • • • • • • • • • • •			
	Sign	.  J	Signature of officer		Date	161-	
	lere	l .	Anthony Anton, President & CEO		21	15/12	
_		J	Type or print name and title				
		F	Print/Type preparer's name Preparer's signature		Date Check [	PTIN	
F	aid	L	David A. Coates, CPA	-M- 10	1/23/12 self-employ	red	
	rep	<u> </u>	irm's name Frost & Company, P.S.		Firm's EIN		
l	Jse (	Only F	irm's address P O Box 7609			260) 706 0000	
_			Olympia, WA 98507-7609	·	Phone no	360) 786-8080	
1	May	the IRS	discuss this return with the preparer shown above? (see instructions)			Yes No	
C	3200	1 02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instruction	s.		G Form <b>990</b> (2010)	

Par	t 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)?			i -
•	If "Yes," complete Schedule A	1 1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	-	3		Х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-	<u> </u>	<del></del>
4		4		
_	during the tax year? If "Yes," complete Schedule C, Part II	<b>-</b>	<del></del>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ہ	х	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
	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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		İ	
	Schedule D, Parts XI, XII, and XIII	12a	X	
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, XII, and XIII is optional	12b_	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1.
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	L	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	1
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

		<del></del>		2010)
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
<b>J</b> ,	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
34	Was the organization related to any tax-exempt or taxable entity?	<u> </u>	-	
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del></del>
J2	Schedule N, Part II	32		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<b>Ŭ</b>	-	<u> </u>
JI	If "Yes," complete Schedule N, Part I	31		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	50		<b>- :-</b>
30		30		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28	-	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):	00		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Schedule L, Part III	27		X
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			.,
	Schedule L, Part I	25b		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		!	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
			Yes	No

Par	Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response to any question in this Part V		Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	140
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  1b	4		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	10	Х	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ļ	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>.</u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	┨		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>                                     </del>	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\vdash$	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<del> </del>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8	İ	1
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	····	<del> </del>	<del> </del>
9	Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<del> </del>
ь 10	Section 501(c)(7) organizations. Enter:		<b> </b>	<u> </u>
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	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 which the			
	organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	ļ	<b></b>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>├</b>	X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1

Washington Restaurant Association 91-0586362 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 26 1a Enter the number of voting members of the governing body at the end of the tax year 26 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? Х 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done Х 13 Does the organization have a written whistleblower policy? 13 Х 14 14 Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 16a taxable entity during the year? b If "Yes," has the organization adopted 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Teran Petrina - 360-956-7279

032006 12-21-10

Form 990 (2010)

510 Plum Street SE, Suite 200, Olympia,

98501

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

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- 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.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	lual trustage or director	hecken parter and property in the contract of		that			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bret Stewart	1									
Chair	1.40	X		X		<u> </u>	ļ	0.	0.	0.
Jim Rowe	1 40									•
Vice Chair	1.40	X	ļ	X	ļ	ļ	<u> </u>	0.	0.	0.
Robert Bonina	1 1 40	,,		٠,				_	_	_
Secretary/Treasurer	1.40	X	-	X		-		0.	0.	0.
Steve Simmons	1 40	,							_	_
Immediate Past Chair	1.40	X	<u> </u>	ļ		<u> </u>	<u> </u>	0.	0.	0.
Nancy Swanger	1 40						İ			•
EF President	1.40	X						0.	0.	0.
Michael Carr	0.50	1								_
Board member	0.50	X	-					0.	0.	0.
Jar Arcand	0.50	١,,							_	_
Board member	0.50	X	-					0.	0.	0.
Karissa Bresheare	0.50	X						0.	_	_
Board member	0.50	^			_	<del> </del> -		0.	0.	0.
Dave Hooke	0.50	X						0.	0.	0.
Chair, Retro Committee	0.30	<u> </u>						0.	0.	
Jas Sangha	0.50	X					Ì	0.	0.	0.
Board member	0.30	<u> </u>			_			0.	0.	
Reggie Frederick Board member	0.50	X						0.	0.	0.
Scott Dickinson	0.50		-			-	-	•		
Board member	0.50	X						0.	0.	0.
Bob Materne	+ 0.30	<del>  **</del>	-			<del>                                     </del>				<u>.</u>
Board member	0.50	X						0.	0.	0.
Jeff Iverson	1 3.33	<del> </del>	<del>                                     </del>			T				
Board member	0.50	Х						0.	0.	0.
Mike George	1					<u> </u>				
Board member	0.50	X						0.	0.	0.
Pete Hanning		T				Ī				
Board member	0.50	X						0.	0.	0.
Lane Hoss		Ī								
Board member	0.50	X	<u> </u>					0.	0.	0.
022007 12 21 10										Form <b>990</b> (2010)

032007 12-21-10

Form 990 (2010) Washingto									91-05	863	362	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average			(	C) sition			( <b>D)</b> Reportable	<b>(E)</b> Reportable		Fe	(F) timate	ed.
Name and the	hours per week	<u> </u>				арр	ly)	compensation from	compensation from related		am	ount other	of
	(describe hours for	trustae or director	l_			B		the organization	organizations (W-2/1099-MIS)		•	oensa om th	
	related	Stee	l gg			Deuts		(W-2/1099-MISC)	( 2	~		anızat	
	organizations	ᇐ	Institutional frust <del>oo</del>		Key employee	Highest compensated employee						l relat	
	In Schedule O)	Individual	暂	∯.	(ey ear	at of the	E E				orga	nızatı	ons
Amy Igloi		一	╁ᆖ	<del> </del>	Ĥ		<del> </del> −						
Board member	0.50	x						0.		0.			0.
Chris Realy		<del> </del> -	<b> </b>	t	1	1							
Board member	0.50	X		l				0.		0.			0.
Matt McCarthy			1		T							•	
Board member	0.50	X			1	İ	ļ	0.		0.			0.
Shari Nixon							П					-	
Board member	0.50	X					L	0.		0.			0.
Dwayne Northrop													_
Board member	0.50	X	ļ	ļ.,	_	_	<u> </u>	0.		0.			0.
Don Parkins	0.50				1					۱ ۸			^
Board member	0.50	X	<u> </u>	╁	┼	┼	<u> </u>	0.		0.			0.
Travis Rosenthal	0.50	x						0.		0.			0.
Board member	0.30	^	╁	╁	<del> </del>	┼		0.		•			<u> </u>
Craig Schafer	0.50	X						0.		0.			0.
Board member  James Yost	0.30	122	╁╌	<del> </del>	+-	+	<u> </u>			-			
Board member	0.50	X						0.		0.			0.
1b Sub-total		1	1		1	┢		0.		0.		•	0.
c Total from continuation sheets to Part V	II. Section A					•		161,930.		0.		8,1	95.
d Total (add lines 1b and 1c)						$\blacktriangleright$		161,930.		0.		8,1	95.
2 Total number of individuals (including but r	not limited to th	nose	e liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportable	,			_
compensation from the organization													1
										г		Yes	No
3 Did the organization list any former officer.			e, ke	y er	nplo	yee,	orl	highest compensated er	nployee on	ŀ			v
line 1a? If "Yes," complete Schedule J for s										-	3		X
4 For any individual listed on line 1a, is the si	•		-						the organization	1		Х	
and related organizations greater than \$15									idual for continon	ŀ	4	<u></u>	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-						Cla	ted organization of indiv	idual for services		5		x
Section B. Independent Contractors	ipiete ocheou.	0	101 3	<u> </u>	рел	3011			<del></del>				
Complete this table for your five highest co	mpensated in	dep	ende	ent (	cont	racto	ors 1	that received more than	\$100,000 of comp	pensa	ation f	rom	
the organization. NONE		·											
(A)	-							(B)			(C	;)	
Name and business address Description of services										C	ompe	nsatio	n 
							-	-					
									ļ				
	-												

\$100,000 in compensation from the organization ► 0
See Part VII, Section A Continuation sheets

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2010) Washingto	on Resta	auı	car	1t	AS	SSC	C	Lation	91-058	0302
Part VII Section A. · Officers, Directors, Tru		nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	·
(A) Name and title	(B) Average hours	(c	heck	Pos	C) Ition that		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
nthony Anton	40.00				U			161 020	0.	0 105
President & CEO	40.00		_		Х			161,930.		8,195
			_							
	<u>                                     </u>	ļ 				_				
		<u> </u>	ļ. 			_				
							_			
	<u> </u>			_		_				
						-				
		-								
		<del>                                     </del>	-				_			
otal to Part VII, Section A, line 1c	<u> </u>							161,930.		8,195

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts		Federated campaigns	1a	<del></del>				
힏		Membership dues	1b					
[편]		Fundraising events	1c					
<u>=</u>		Related organizations	ns) 1e					
.E		Government grants (contribution All other contributions, gifts, grants	·					
된	•	similar amounts not included above						
뒿	g	Noncash contributions included in lines 1						
ä	-	Total. Add lines 1a-1f		<b>&gt;</b>				
			· · · -	Business Code				
1 :	2 a	Member Dues			1,226,802.	1,226,802.		
Revenue		Retro Management		541900	727,704.		727,704.	
딞	c	Management fee -	- MSC	541900	270,972.		270,972.	
<u>§</u>				900099	103,493.		103,493.	
<b>"</b>	e	Chapter Events		900099	94,553.	94,553.	15 010	1 000
ŀ	f	All other program service reven	ue	511120	70,655.	24,313.	45,342.	1,000
_	_9_	Total. Add lines 2a-2f			2,494,179.			
-   -	3	Investment income (including of	lividends, intere		127 620			127,628
1		other similar amounts)			127,628.			127,020
	4	Income from investment of tax-	exempt bond p	roceeds	<del></del>			
-   '	5	Royalties	() Davi	(v) Damanal	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Crana Banta	(i) Real 84,241.	(II) Personal				
'	6 a	Gross Rents Less: rental expenses	04,241.					
	b C	Rental income or (loss)	84,241.	-				
		Net rental income or (loss)	01/2111	<b>•</b>	84,241.			84,241
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	()					
	ь	Less: cost or other basis						•
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b></b>			·····	
<u>.</u>	8 a	Gross income from fundraising	events (not					
Omer Revenue		including \$	of					
<u> </u>		contributions reported on line 1	c). See					
5		Part IV, line 18	а					
5		Less: direct expenses	ь	<u> </u>				
_		Net income or (loss) from fundr	_					
-	9 a	Gross income from gaming act						
	_	Part IV, line 19	а.					
		Less: direct expenses	b					
_		Net income or (loss) from gamili Gross sales of inventory, less re	-					
'	iv a	and allowances	a a					
	h	Less: cost of goods sold	a b					
		Net income or (loss) from sales	_	<b></b>	İ		•	
		Miscellaneous Revenue		Business Code				
1	11 a	Reimbursed expen		900099	157,212.	157,212.	•	
'		Reimbursed expen		900099	25,798.	25,798.		
	c	Strategic Partne		900099	18,910.	18,910.		
	d	All other revenue		900099	11,210.	7,709.		3,501
		Total. Add lines 11a-11d		<b></b>	213,130.			
		Total revenue. See instructions		_	0 010 170	1,555,297.	1147511.	216,370

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,500.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members		<del></del>		
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)	1 401 007			
7	Other salaries and wages	1,481,037.			
8	Pension plan contributions (include section 401(k)	F.4. F.1.7			
	and section 403(b) employer contributions)	54,517.			
9	Other employee benefits	157,683.			
10	Payroll taxes	138,328.		· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees):				
а	Management	20 200			
b	Legal	28,298.			
	Accounting	11,469.			
	Lobbying	139,021.	······································		
_	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<u></u>
9	Other	7,786.			
12	Advertising and promotion	157,046.			
13	Office expenses	21,714.	<del></del>		
14	Information technology	21/1110			
15	Royalties Occupancy	93,442.			
16 17	Travel	54,158.			
18	Payments of travel or entertainment expenses	31/1301			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	134,000.	-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,756.			
23	Insurance	19,717.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0)				
а	Income Taxes	204,183.	·		
b	Repairs and Maintenance	27,454.			
С	Membership Survey	19,428.	·····		
d	Funding-Multicare Healt	18,697.		<u> </u>	
e	Issues and Research Con	14,918.	<del></del>	<u> </u>	
f	All other expenses	30,796.			
25	Total functional expenses. Add lines 1 through 24f	2,890,948.		<u> </u>	
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				<u> </u>

Pai	τX	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	94,638.	1	109,800.
	2	Savings and temporary cash investments	406,147.	2	394,760.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,942.	4	432.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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			
u)		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,481.	9	22,785.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 2,241,914.  724,880.	1 406 705		1 517 004
	ь	•	1,486,785.	10c	1,517,034.
	11	Investments · publicly traded securities	11 000	11	11 000
	12	Investments - other securities. See Part IV, line 11	11,000.	12	11,000.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	770.	14	0.
	15	Other assets. See Part IV, line 11	2,009,763.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,438.	16 17	2,055,811. 20,309.
	17	Accounts payable and accrued expenses	20,430.	· ·	20,309.
	18	Grants payable		18 19	
	19	Deferred revenue			
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
<u>.</u>		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	762,255.	23	762,609.
	24	Unsecured notes and loans payable to unrelated third parties	, , , , , , , , , , , , , , , , , , , ,	24	
	25	Other liabilities. Complete Part X of Schedule D	94,837.	25	112,431.
	26	Total liabilities. Add lines 17 through 25	877,530.	26	895,349.
		Organizations that follow SFAS 117, check here ► X and complete	<del>7 mm</del>		
Š		lines 27 through 29, and lines 33 and 34.			
20	27	Unrestricted net assets	1,132,233.	27	1,160,462.
ala	28	Temporarily restricted net assets		28	
8 P	29	Permanently restricted net assets		29	
Ş		Organizations that do not follow SFAS 117, check here   and			
<u></u>		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
<b>Y</b> SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,132,233.	33	1,160,462.
	34	Total liabilities and net assets/fund balances	2,009,763.	34	2,055,811.

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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.

За

3ь

X

X Separate basis Consolidated basis

Act and OMB Circular A-133?

# SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		ton Restaurant A			91-0586362
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	s in Part IV. ▶\$	
Pa	ert I-B Complete if the or	ganization is exempt un	der section 501(c	)(3).	<del></del>
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	<b>▶</b> \$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	<b>5</b> 5 <b>▶</b> \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	ofor this year?		Yes No
_	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c	), except section 501(	c)(3).
1	Enter the amount directly expende		•	•	
2	Enter the amount of the filing organ	nization's funds contributed to c	ther organizations for	<b>.</b> .	
_	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
	line 17b	4400 POL familia		<b>&gt;</b> \$	
4	Did the filing organization file Form	•	7NN -4 -11 41 507 -	(	Yes No
5	Enter the names, addresses and en made payments. For each organization				
	contributions received that were pr	•			•
	political action committee (PAC). If				io oogrogatoa tana at a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
	·				

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (F	Form 990 or 990-EZ) 2010_	Wàsh.	ington	Restaurant	Associatio	n 91-0	0586362 Page 2
Part II-A	Complete if the org	anizatio	n is exer	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
······	(election under sec	tion 501	(h)).				
A Check ▶	f the filing organiza	tion belon	gs to an affi	liated group.			
B Check ▶	f the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
			bying Exper leans amou	nditures ints paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	bbying expenditures to influ	uence pub	lic opinion (	grass roots lobbying)			
	bbying expenditures to influ	•	•	• • •			
	bbying expenditures (add li	-	-	-, (,,,			
	exempt purpose expenditure		,				
	kempt purpose expenditure		s 1c and 1c	(t			
	ng nontaxable amount. Ente	-			h columns.		
	nount on line 1e, column (a) o			bying nontaxable am			
	er \$500,000	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		the amount on line 1e			
	500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
	1,000,000 but not over \$1,5			00 plus 10% of the exc			
	1,500,000 but not over \$17,			00 plus 5% of the exce			
	17,000,000	,000,000	\$1,000,0		7,00 0 10 1 \$ 1 1,000,000		
- O τ σ . φ .			<b> ψ</b> 1 10003.				
g Grassro	oots nontaxable amount (en	nter 25% o	f line 1f)			, ,, , , , , , , , , , , , , , , , , , ,	····
-	ct line 1g from line 1a If zer						
	ct line 1f from line 1c. If zero						
	is an amount other than ze			line 1i, did the organiz	ation file Form 4720	L	
•	ng section 4911 tax for this						Yes No
- Joponii	.9	<i>j</i> +	4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organiz	ations tha			n do not have to com	plete all of the five	
	co	lumns be	low. See th	e instructions for line	es 2a through 2f on pa	age 4.)	
		Lobi	oying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year al year beginning in)	(a) :	2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbyii	ng nontaxable amount		·····				
<b>b</b> Lobbyii	ng ceiling amount						
(150%	of line 2a, column(e))			., .,			<u> </u>
c Total lo	bbying expenditures	<u>-</u>					
d Graser	oots nontaxable amount						
	oots ceiling amount						
	of line 2d, column (e))						
1,00			1				

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 Washington Restaurant Association 91-058636 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	Ame	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 50		
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	<u></u>	
501(c)(6).	ection	
	<b>_</b>	
	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5).		X
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is a "Yes."  1 Dues, assessments and similar amounts from members		6,802.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
expenses for which the section 527(f) tax was paid).		
a Current year 2a		9,021.
b Carryover from last year 2b		3,140.
c Total	<17	4,119.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	35	<u>5,773.</u>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1	
	1	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
	<52	9,892.

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

Washington Restaurant Association

Employer identification number 91-0586362

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
-	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	, ,	Yes No
Par	······································	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· —	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	ure
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
•	year ▶	,,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expense	e statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		· ·
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
ь	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
_	the following amounts required to be reported under SFAS 1		• • • • • • • • • • • • • • • • • • • •
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$
_	The second contract of the second sec		•

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

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Sec	e Form 990, Part X, lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				<del></del>
<u>(F)</u>				
(G)				
(H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )				···
Part VIII Investments - Program Related. Se	ee Form 990, Part X, I	<u>ine 13.</u>	4 3 8 4 4 b - 1 - 2 - 1 - 1 - 1	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year man	
(1)				
(2)			<del></del>	
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8)				··
(9)				
(10)			······································	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. See Form 990, Part X, line	45		·····	
	Description		Ţ	(b) Book value
	Description	<del></del>		(b) Book value
<u>(1)</u> (2)				
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)	· · · ·			
(7)				
(8)				······································
(9)				
(10)				<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b>&gt;</b>	•
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) Choice Time		66,814.		
(3) Federal Income Tax Payabl	e	26,912.		
(4) Security Deposit Payable		6,198.		
(5) Payroll Taxes Payable		3,767.		
(6) Accrued Payroll & Benefit	s	6,151.		
(7) Payable to PAC		2,379.		
(8) Deferred Revenue		210.		
(9)				
(10)				
		110 401		
Total. (Column (b) must equal Form 990, Part X, col (B) line PIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	25) the organization's financial	112,431. statements that reports the organi	zation's liability for uncertai	n tax positions under

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Washington Restaurant Assoc				J586362 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit		tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,919,178.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,890,948.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		28,230.
4	Net unrealized gains (losses) on investments		4		<del></del>
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8 9		0.
9	Total adjustments (net). Add lines 4 through 8	4 O	10		28,230.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.			Return	
		1113 11	nui nevenue per	1	2,912,186.
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			· · · · ·	2/312/1001
a	Net unrealized gains on investments	2a	1	1 1	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		7	
	Other (Describe in Part XIV.)	2d	<6,991	.⊳ ∣	
	Add lines 2a through 2d			2e	<6,991.
3	Subtract line 2e from line 1			3	2,919,177.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b		<u> </u>	7 4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,919,177.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expenses pe	r Retu	rn
1	Total expenses and losses per audited financial statements			1	2,883,957.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,883,957.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	_	
b	Other (Describe in Part XIV.)	4b	6,991	<u>.</u>	
c	Add lines 4a and 4b			4c	6,991.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,890,948.
Pai	t XIV Supplemental Information				
K, line	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comport X, Line 2: The Association does not beli	lete the	s part to provide any a	dditional	information.
act	civity in which it's not-for-profit status	wou	ild be jeopa	rdiz	ed.
Par	ct XII, Line 2d - Other Adjustments:				
Cor	vention expenses netted against revenues	· <u>-</u>			-6,991.
Pai	t XIII, Line 4b - Other Adjustments:				
Cor	vention expenses				6,991.
03205	1			Sched	lule D (Form 990) 2010

### SCHEDULE J (Form 990)-

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Washington Restaurant Association

**Employer identification number** 91-0586362

Fe	irt F Questions Regarding Compensation			
		·····	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990	•		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	į ,		
	First-class or charter travel  Housing allowance or residence for personal			
	Travel for companions Payments for business use of personal reside	nce		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director	ors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation compensati	mittee		
	,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	in 100 to any of miles are priorite and provide the applicable amounts for each terminal art in			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	1		
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}		
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990)	2010

Washington Restaurant Association

Schedule J (Form 990) 2010 Washington Restaurant Association 91-0586362

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name	·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Ketirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported in prior Form 990 cr
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6	(E)							
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Schedule J (Form 990) 2010

### 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization 91-0586362 Washington Restaurant Association Form 990, Part VI, Section A, line 6: The organization is made up of members. Form 990, Part VI, Section A, line 7a: Board members/governing body are elected on an annual basis by the membership. Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by the President and Vice President of Internal Operations prior to submission to It is also reviewed by a member of the Finance Committee. the IRS. Form 990, Part VI, Section B, Line 12c: Board and staff review conflicts of interest on an annual basis. Form 990, Part VI, Section B, Line 15: Executive Director's compensation is reviewed and approved by the Board on an annual basis. Upper management positions are also reviewed and approved by the Board on an annual basis. Form 990, Part VI, Section C, Line 19: All documents are available upon Tax returns can be accessed on the Washington State Charities request. website. Form 990, Part XII, line 2c

process during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

There have been no changes to the oversight process or selection

Oversight Process

Name of the organization Washington Restaurant Association 91-0586362	Name of the organization					Page 2 Employer identification number
		Washington	Restaurant	Association		91-0586362
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

2010 Open to Public Inspection OMB No 1545-0047

Name of the organization

Washington Restaurant Association

Employer identification number 91-0586362

Direct controlling

990, Part IV, line 33.)	(c) (d) (e) Legal domicile (state or Total income End-of-year assets foreign country)		
Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	(b) Primary activity Leg		
Part t Identification of Disregarded Entities (Comple	(a) Name, address, and EIN of disregarded entity		
Part :			

Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part #

(a)	(q)	(0)	<b>(</b> D)	(9)	<b>(</b> )	(a)	2001(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led (S)
of related organization		foreign country)	section	status (if section	entity	entity?	Ŋ
		•		501(c)(3))		Yes	S S
WRA Education Foundation - 91-1686716							
510 Plum Street Street SE, #200							,
Olympia, WA 98501	Promote Education	Washington	501(c)(3)	Line 11a, I			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

91-0586362

Page 2

Schedule R (Form 990) 2010 Washington Restaurant Association

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a)	(q)	(0)	Ð	(e)	(4)	(6)	£	6	5	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		roreign country)		sections 512-514)		desers	Yes No	K-1 (Form 1065)	Yes	
	ı									
	•			•						
							-			
										!
		_								
	- <b>T</b>									
part ty Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	rganizations Taxable a	is a Corpo	ration or Trust (Co	mplete if the organizati	on answered "Yes	" to Form 990, Pa	art IV, line 34	because it had on	e or mor	e related

organizations treated as a corporation or trust during the tax year.) Far :V

(a)	(q)	(0)	(P)	(9)		!	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
WRA Member Services Corporation - 91-2003345			Washington				
510 Plum Street SE, Suite 200	1		Restaurant				
Olympia, WA 98501	Services		Association	C CORP			1008
WRA Retro Trust							
510 Plum Street SE, Suite 200							-
Olympia, WA 98501	Trust			TRUST			
			_				

Schedule R (Form 990) 2010

56

032162 12-21-10

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) PartV

Schedule R (Form 990) 2010		27	032163 12-21-10
			(9)
			(5)
			(4)
	0	Д	(3) WRA Member Services Corporation
	0	ц	(2) WRA Education Foundation
	0	¥	(1) WRA Retro Trust
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
nd transaction thresholds.	is line, including covered relationships ar	ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
14 X X			<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>
1p X			p Reimbursement paid by other organization for expenses
10 X			<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>
1 X			n Sharing of paid employees
1m X		•	m Sharing of facilities, equipment, mailing lists, or other assets
1k X x x		zation(s) zation(s)	<ul> <li>Performance of services or membership or fundraising solicitations for other organization(s)</li> <li>Performance of services or membership or fundraising solicitations by other organization(s)</li> </ul>
+			j Lease of facilities, equipment, or other assets from other organization(s)
1 <u>1</u> X			i Lease of facilities, equipment, or other assets to other organization(s)
			h Exchange of assets
X			f Sale of assets to other organization(s)
			C Loans of loan guarantees by other biganization(s)
DI N			
			c Gift, grant, or capital contribution from other organization(s)
X qt			
1a X			A Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity
1 Ves No	CVS II office or properly considering the first terms of the first ter	Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

# Schedule R (Form 990) 2010 Washington Restaurant Association

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	dusion for certain investment partners	ı					
(e)	<b>(</b> 2)	(2)	চ্চ	(e)		<b>(6)</b>	£
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-		Code V-UBI	
of entity		ug	organizations?	year assets	ions?	amount in box 20 of Schedule K-1	part
		country)	Yes No		Yes No	(Form 1065)	Yes No
							-
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Schedule R (Form 990) 2010

'Schedule R	(Form 990) 2010	Washington	Restaurant	Association	91-0586362	Page 5
Part VII	(Form 990) 2010 Supplemental Infor	mation				
<u></u>	Complete this part to pro	udo additional informat	lian far roomanaan ta a	questions on Schedule R (see instr	uationa)	
	Complete this part to pro	vide additional informat	tion for responses to q	questions on Schedule A (see instr	uctions).	
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