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DLN: 93493318033492

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number **B** Check if applicable NATIONAL ASSOCIATION OF CONVENIENCE STORES Address change 95-2237749 Doing Business As E Telephone number Name change (703) 518-4225 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 31,212,661 1600 DUKE STREET NO 7TH FL Terminated City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 223143436 Amended return Application pending Name and address of principal officer Is this a group return for HENRY O ARMOUR affiliates? 1600 DUKE STREET NO 7TH FL ALEXANDRIA, VA 223143436 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW NACSONLINE COM K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ L Year of formation 1961 M State of legal domicile VA Summary Part I Briefly describe the organization's mission or most significant activities TO SERVE AS AN ADVOCATE FOR THE CONVENIENCE RETAILING INDUSTRY Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 32 32 Number of independent voting members of the governing body (Part VI. line 1b) 4 5 63 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,482,229 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 51,088 **Prior Year Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . 0 27,732,160 Program service revenue (Part VIII, line 2g) . 26,069,741 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 467,559 1,622,186 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -241,900 -46,118 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 29,308,228 26,295,400 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 5.500 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 9,564,570 10,519,011 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,847,952 14,049,827 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 23.614.397 25,372,463 3,935,765 19 Revenue less expenses Subtract line 18 from line 12 . 2,681,003 (Assets or delatables) **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 36,763,879 39,625,077 Met./ 21 Total liabilities (Part X, line 26) . . 5,129,691 5,031,897 22 Net assets or fund balances Subtract line 21 from line 20 31,634,188 34,593,180 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-11-06 Signature of officer Sign Here HENRY O ARMOUR PRESIDENT & CEO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's FREDERICK LONGWOOD (see instructions) P00439715 Paid employed 🕨 🦵 Preparer's Firm's name (or yours TATE AND TRYON

2021 L STREET NW SUITE 400

WASHINGTON, DC 20036

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

if self-employed).

address, and ZIP + 4

Use Only

EIN > 52-1855942

Phone no 🕨 (202) 293-2200

	. 556 (2611)				rage
Par		of Program Service A	ccomplishments to any question in this Part III		
1	Briefly describe the	organization's mission			·
KNO			NVENIENCE AND PETROLEUM CESSARY TO ASSIST OUR ME		
2	=	, -	ogram services during the year w		Yes 🗸 No
	If "Yes," describe the	ese new services on Schedu	le O		
3	_	cease conducting, or make :	significant changes in how it cond		Yes 🗸 No
	If "Yes," describe the	ese changes on Schedule O			
4	expenses Section 50	01(c)(3) and 501(c)(4) orga	omplishments for each of its thre inizations and section 4947(a)(1 ses, and revenue, if any, for each) trusts are required to report	
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	CONVENTION FOR THE COPPORTUNITIES THE NA	CONVENIENCE STORE AND PETRO ACS STATE OF THE INDUSTRY SUI	ELP ADVANCE THE CONVENIENCE STOR LEUM MARKETING INDUSTRY, PRESENTI MMIT PROVIDES AN OPPORTUNITY FOR A INCES AND SEMINARS ARE HELD THROU	ING NUMEROUS EXHIBITS, WORKSHO ATTENDEES TO LEARN THE LATEST A	OPS, AND NETWORKING ND BEST OPERATIONAL AND
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
40	NACS' GOVERNMENT RE WITH REGARD TO ISSUE	LATIONS DEPARTMENT REPRESENES RELATED TO THE CONVENIENCE	TS THE ADVOCACY ARM OF NACS, LOBB E STORE AND PETROLEUM MARKETING I TED ON IMPORTANT LEGISLATIVE ISSUE:	YING THE FEDERAL GOVERNMENT AN NDUSTRY NACS ALSO CONDUCTS LI	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	NACS' RESEARCH AND T	TECHNOLOGY ACTIVITY REPRESEN NCLUDE INDUSTRY BENCHMARKS	TS ACTIVITIES RELATED TO THE ONGOIN 6, TECHNOLOGY IMPLEMENTATIONS, PRO	IG COMPETITIVE VIABILITY OF THE C	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			TIES TO LEAD THE STRATEGIC DIRECTION HESE ON INDUSTRY PERFORMANCE AND		
	Other program sory	ıces (Describe in Schedule	0.)		
	(Expenses \$	•	grants of \$) (Revenue \$)
			J V. 4	, (· · · · · · · · · · · · · · · · ·	
4e	Total program servi	ce expenses►\$			

Part TV	Checklist	of Require	d Schedules
2 11 7 7 7	CHECKHSL	ui keuulie	u Scheuules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		No
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
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.	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i>	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 57			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
		2b	Yes	
	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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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 or securities account)?	4a		No
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			
	See instructions for filling requirements for Form 1.D.1. 90-22.1, Report of Foreign Dank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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	6a	Yes	
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
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	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	,,		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)	4		
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 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans	4		
С	Enter the aggregate amount of reserves on hand 13c			
14=	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		11.0

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 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. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRIAN KIMMEL

1600 DUKE STREET

ALEXANDRIA, VA 223143436

(703) 684-3600

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

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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

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) Name and Title	(B) A verage hours per week (describe hours	Position more unless	on (de thai	C) o not n one son er ar	che box is bo id a tee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	organizations
See Additional Data Table										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

See Additional Date Table Sub-Total		(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thai	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organi	(D) ortable ensation om the zation (W-	(E) Reportable compensatio from related organizations (W- 2/1099	s	Esti amound compe froi organiz rel	F) mated t of other ensation n the ation and	
See Additional Date Table			related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	ghest compensated aployee	Former					organ	izations	
Total from continuation sheets to Part VII, Section A .	See A	dditional Data Table														_
Total from continuation sheets to Part VII, Section A .													\dashv			_
Total from continuation sheets to Part VII, Section A .																_
Total from continuation sheets to Part VII, Section A .																_
Total from continuation sheets to Part VII, Section A .																_
Total from continuation sheets to Part VII, Section A .																_
Total from continuation sheets to Part VII, Section A .																
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Total from continuation sheets to Part VII, Section A .																
Total from continuation sheets to Part VII, Section A .																
Total from continuation sheets to Part VII, Section A									Ļ				<u> </u>			_
d Total (add lines 1b and 1c)	1b c					•	•						+			\dashv
\$100,000 of reportable compensation from the organization 18 Yes No	d						•	•	P		4,203,873		0		757,48	35
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	•	-					above) who	o receive	ed more tha	an				
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No	_
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3												3		No	
5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organiza											4			_
Section B. Independent Contractors 1	5	Did any person listed on line 1a	receive or accru	ıe comp	oensa	tıon	fror	n any	unre	lated org	ganızatıon d	or individual for	_	ries		-
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036 PENN SCHOEN AND BERIAND ASSOCIATES 1110 VERMONT AVE NW STE 1200 WASHINGTON, DC 20005 FREEMAN DECORATING COMPANY 5501 ODONNELL STREET METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE INSURANCE INSURANCE (C) Compensation COMPANY 5746,955 CONSULTING SERVICES 746,965 EXHIBIT SERVICES 702,506		services rendered to the organiz	ation? <i>If</i> "Yes," (complet	e Sch	edul	e J f	or sucl	n per	son .		•	5	;	No	_
\$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Description of services STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036 PENN SCHOEN AND BERLAND ASSOCIATES 1110 VERMONT AVE NW STE 1200 WASHINGTON, DC 20005 FREEMAN DECORATING COMPANY 5501 ODONNELL STREET METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE INSURANCE (C) Compensation CONSULTING SERVICES 746,965 CONSULTING SERVICES 720,506 EXHIBIT SERVICES 702,635	Se	ection B. Independent Con	tractors													
Name and business address STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036 PENN SCHOEN AND BERLAND ASSOCIATES 1110 VERMONT AVE NW STE 1200 WASHINGTON, DC 20005 FREEMAN DECORATING COMPANY 5501 ODONNELL STREET BALTIMORE, MD 21224 METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE NET OF THE SERVICE S TO A COMPANY STEPTOR OF THE SERVICE	1	\$100,000 of compensation from	the organizatio													
1330 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036 PENN SCHOEN AND BERLAND ASSOCIATES 1110 VERMONT AVE NW STE 1200 WASHINGTON, DC 20005 FREEMAN DECORATING COMPANY 5501 ODONNELL STREET BALTIMORE, MD 21224 METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE LEGAL SERVICES 1,176,155 CONSULTING SERVICES 746,965 EXHIBIT SERVICES 720,506 EXHIBIT SERVICES 702,635		Nan		dress							Desci					
1110 VERMONT AVE NW STE 1200 WASHINGTON, DC 20005 FREEMAN DECORATING COMPANY 5501 ODONNELL STREET EXHIBIT SERVICES METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE CONSULTING SERVICES 746,965 EXHIBIT SERVICES 720,506 EXHIBIT SERVICES 702,635	1330 WASH	CONNECTICUT AVE NW 700 INGTON, DC 20036									LEGAL SERVI	ICES			1,176,15	5
5501 ODONNELL STREET BALTIMORE, MD 21224 METROPOLITAN PIER & EXPOSITION AUTHORITY 301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE EXHIBIT SERVICES 720,506 EXHIBIT SERVICES 702,635 INSURANCE 656,544	1110 WASH	VERMONT AVE NW STE 1200 INGTON, DC 20005									CONSULTING	S SERVICES			746,96	5
301 E CERMAK ROAD CHICAGO, IL 60616 KELLY & ASSOCIATES INSURANCE GROUP 301 INTERNATIONAL CIRCLE EXHIBIT SERVICES 702,635 ROUGHS SERVICES 105,635	5501 BALTII	ODONNELL STREET MORE, MD 21224									EXHIBIT SER	VICES			720,50	6
301 INTERNATIONAL CIRCLE INSURANCE 656,544	301 E CHICA	CERMAK ROAD AGO, IL 60616	Υ								EXHIBIT SER	VICES			702,63	5
HUNT VALLEY, MD 21030 2 Total number of independent contractors (including but not limited to those listed above) who received more than	301 IN HUNT	NTERNATIONAL CIRCLE VALLEY, MD 21030													656,54	4

\$100,000 of compensation from the organization $\blacktriangleright 5$

Form 99			f Davanua					Page 9
Part	/ 1 1 1	Statement o	т кечепие		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ £	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es					
S, g	с	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	ations 1d					
E, S	e	Government grants	s (contributions) 1e					
tion of the	f	All other contribution	ons, gifts, grants, and 1f					į
é¥	g		butions included in					
돌호		lines 1a-1f \$ _	•					
<u>ٽ≂</u>	h	Total. Add lines	: 1a-1f	▶				
e =		CON ENTRONG A F	VP.0.C	Business Code				
Program Serwce Revenue	2a .	CONVENTIONS & E		900099	16,339,384	16,263,019	76,365	
æ	b	MEMBERSHIP DUES		900099	6,440,778	6,440,778		
Š	c	COMMITTEE REVEN	NUE	900099	3,365,015	3,365,015		
Š	d	PUBLICATIONS		511120	1,409,224	3,360	1,405,864	
E	e	TECHNOLOGY		519100	177,759	177,759		
Ď	f	All other progra	m service revenue					
<u>~</u>	g	Total. Add lines	32a-2f		27,732,160			
	3		ome (including dividend	. F	1 522 105			1.522.405
	١.		ar amounts)	-	1,622,186			1,622,186
	4 5		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	1,858,315	(II) I CISSINGI				
	ь	Less rental	1,904,433					
	c	expenses Rental income	-46,118					
	d	or (loss)	me or (loss)	-	-46,118			-46,118
	"		(ı) Securities	(II) O ther	, , , , , , , , , , , , , , , , , , ,			
	7a	Gross amount	(1)	(,				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basıs and sales expenses						
	с	Gain or (loss)						
	d	Net gaın or (los	s)	▶				
άs	8a	Gross income frevents (not incl						
ž		\$						
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
Ϋ́			a a					
ih e	ь	Less direct exp	penses b					
Õ	С		loss) from fundraising (events 🕨				
	9a	Gross income fr See Part IV, lin	rom gamıng actıvıtıes e 19					
		See Full IV, III	a a					
	ь	Less direct exp	penses b					
	c	Net income or (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	wances .					
	Ь	Less cost of a	a pods sold b					
	_ c		loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other revenu	ne					
	e	Total. Add lines	11a-11d					
	12	Total revenue	See Instructions	· .				
					29,308,228	26,249,931	1,482,229	1,576,068 Form 990 (2011)

3

5

7

17

25

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 5,500 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 3,539,208 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 5,475,990 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 581,587 Other employee benefits 422,516 499,710 10 Fees for services (non-employees) 11 Management 100,000 292,500 Legal Accounting 51,800 2,386,793 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 900,053 g Advertising and promotion . . . 267,727 12 Office expenses 1,118,834 13 743,445 14 Information technology 15 Royalties . . 16 35,180 2,448,123 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 4,027,291 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 368,103 23 127,735 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)

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

Part X Balance Sheet (A) (B) Beginning of year End of year 1,759,384 2,244,178 Cash—non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 4 364.928 4 515.109 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 8 9 632,111 9 676,476 Prepaid expenses and deferred charges 19,216,414 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 6,815,936 Less accumulated depreciation 12,072,351 12,400,478 b 10c 19,545,898 21,399,630 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,389,207 15 15 2,389,206 16 36,763,879 16 39,625,077 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,028,827 2,455,644 17 17 Accounts payable and accrued expenses . 18 18 19 3,100,864 19 2,576,253 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 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 25 D 26 5,129,691 26 5,031,897 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 31,634,188 27 Unrestricted net assets 27 34,593,180 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 31.634.188 33 34.593.180 34 Total liabilities and net assets/fund balances 36.763.879 39.625.077

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29.3	308,22
2	Total expenses (must equal Part IX, column (A), line 25)	2			372,46
3	Revenue less expenses Subtract line 2 from line 1	3		3,9	35,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		31,6	534,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>- 9</u>	976,77
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		34,5	593,180
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	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?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Additional Data

Software ID: Software Version:

EIN: 95-2237749

Name: NATIONAL ASSOCIATION OF CONVENIENCE STORES

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

) (Expenses \$\text{including grants of \$}\tag{Revenue \$}

NACS' MEMBER SERVICES SEGMENT REPRESENTS ACTIVITIES TO LEAD THE STRATEGIC DIRECTION OF MEMBERSHIP DEVELOPMENT, CUSTOMER INVOLVEMENT AND SATISFACTION, INDUSTRY IMAGE, AND THE IMPACT OF THESE ON INDUSTRY PERFORMANCE AND THE ADVACEMENT OF THE CONVENIENCE STORE INDUSTRY Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
HENRY O ARMOUR PRESIDENT & CEO	40 00	Х		Х				1,785,476	0	84,603		
THOMAS L ROBINSON CHAIRMAN OF THE BOARD	1 00	х		Х				0	0	0		
BRAD CALL VICE CHAIRMAN, GOVERNMENT RELATIONS	1 00	×		х				0	0	0		
DAVE CARPENTER VICE CHAIRMAN, GOVERNMENT RELATIONS	1 00	x		х				0	0	0		
FRAN DUSKIEWICZ VICE CHAIRMAN, RESEARCH	1 00	х		Х				0	0	0		
JACK KOFDARALI VICE CHAIRMAN, MEMBER SERVICES	1 00	×		Х				0	0	0		
PATRICK LEWIS VICE CHAIRMAN, TECHNOLOGY	1 00	Х		Х				0	0	0		
STEPHEN D LOEHR VICE CHAIRMAN, CONVENTION	1 00	х		Х				0	0	0		
PETER D TEDESCHI VICE CHAIRMAN, NACSPAC	1 00	×		Х				0	0	0		
JEFFREY G MILLER PAST CHAIRMAN	1 00	Х		Х				0	0	0		
JAY RICKER PAST CHAIRMAN	1 00	Х		Х				0	0	0		
GARY LARTHUR BOARD MEMBER	1 00	×						0	0	0		
GRAHAM BENNETT BOARD MEMBER	1 00	Х						0	0	0		
RAHIM BUDHWANI BOARD MEMBER	1 00	х			L			0	0	0		
WENDY CHRONISTER BOARD MEMBER	1 00	Х						0	0	0		
KARIM W DHUKANI BOARD MEMBER	1 00	Х						0	0	0		
DAVID FENTON BOARD MEMBER	1 00	×						0	0	0		
FRANK GLEESON BOARD MEMBER	1 00	Х			L			0	0	0		
SAM HIRBOD BOARD MEMBER	1 00	х						0	0	0		
EDWARD S HOLMES BOARD MEMBER	1 00	х						0	0	0		
JULIE JACKOWSKI BOARD MEMBER	1 00	х						0	0	0		
ANTHONY R KENNEY BOARD MEMBER	1 00	Х						0	0	0		
MAX LENKER BOARD MEMBER	1 00	Х						0	0	0		
EDUARDO PADILLA BOARD MEMBER	1 00	Х						0	0	0		
JEFF PARKER BOARD MEMBER	1 00	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and 1	ndepend	ent Co	ntr	acto	ors					
(A) Name and Title	(B) A verage hours		(tion that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BIPIN PATEL BOARD MEMBER	1 00	Х						0	0	0
JARED SCHEELER BOARD MEMBER	1 00	Х						0	0	0
JOSEPH S SHEETZ BOARD MEMBER	1 00	Х						0	0	0
KEVIN SMARTT BOARD MEMBER	1 00	Х						0	0	0
DAVID SUTTON BOARD MEMBER	1 00	Х						0	0	0
WARREN WILMOT BOARD MEMBER	1 00	Х						0	0	0
LYLE BECKWITH SR V P , GOVERNMENT RELATIONS	40 00				х			549,053	0	71,908
BRIAN KIMMEL SR V P , AND CFO	40 00				х			345,107	0	63,355
MICHAEL DAVIS V P , MEMBER SERVICES	40 00				х			257,055	0	87,845
ROBERT HUGHES V P , SUPPLIER RELATIONS	40 00				х			220,889	0	73,917
DAE KIM V P , RESEARCH	40 00					Х		290,920	0	64,856
JOHN EICHBERGER V P , GOVERNMENT RELATIONS	40 00					Х		256,613	0	45,644
JEFF LENARD V P , COMMUNICATIONS	40 00					Х		196,227	0	76,426
JACK LODER V P , BUSINESS OPS AND SYS	40 00					Х		166,348	0	112,258
BOB SWANSON DIRECTOR OF RESEARCH & STATISTICS	40 00					х		136,185	0	76,673

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DLN: 93493318033492

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

- 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, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number NATIONAL ASSOCIATION OF CONVENIENCE STORES 95-2237749 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0 directly delivered to a separate political organization If none, enter-0-(1) NACS PAC 1600 DUKE STREET 7TH FLOOR 26-0047011 ALEXANDRIA, VA 223143436

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	e excess over \$1,000,0	00			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

6 440 778

Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?	
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?	ount
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?	
c Media advertisements? d Mailings to members, legislators, or the public?	
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 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).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

_	Dues, assessments and similar amounts from members		,	0,440,770
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a		4,360,682
ь	Carryover from last year	2b		524,435
С	Total	2c		4,885,117
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	,	4,224,922
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		660,195
5	Taxable amount of lobbying and political expenditures (see instructions)	5		

Part IV Supplemental Information

Dues assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493318033492

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NATIONAL ASSOCIATION OF CONVENIENCE STORES 95-2237749 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

	Composition Laborator Complete it the organization		anoncioa ico c	<i>-</i>	11 330, 1 416 1 7, 1116 71
1	Purpose(s) of conservation easements held by the organization (chec Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space	k all	Preservation of an		ically importantly land area d historic structure
2	Complete lines 2a-2d if the organization held a qualified conservation easement on the last day of the tax year	ı con	tribution in the form	of a co	onservation
					Held at the End of the Year

- Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌
- Number of states where property subject to conservation easement is located -
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tı</u>	reası	ures, or O	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a sıgnıfıca	int u	se of its col	lectio	n	
а	Public exhibition		d	Γ	Loan	orexo	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the	organızatıon	's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Fori	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribu	ıtıons	or other ass	etsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ			A mo	unt	
c	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year							1e				
f	Ending balance						 	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?	,			<u>L</u>			Г	Yes	
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to	Form 990.	Par	t IV. line 1	LO.		
		(a)Current Year) Prior			wo Years Back		Three Years Ba		e)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	d and	admınıstered	d for	the		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•				•		٠		3b		<u></u>
4	Describe in Part XIV the intended uses of th					10						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				1			Т		
	Description of property				Cost or s (invest		(b) Cost or ot basis (othe		(c) Accumula depreciation		(d) Bo	ook value
1a	Land						3,513	,200				3,513,200
b	Buildings						13,556	,152	5,549	9,517		8,006,635
c	Leasehold improvements		•									
d I	Equipment						1,586	,909	91:	3,589		673,320
е (Other	<u></u>					560	,153	352	2,830		207,323
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).) .			•		1	12,400,478
									Schedu	le D (Form 9	990) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
o thei			
T. I. (0.1 (1) 1 (1) 15 (000 D (1) 1/D) 1 (10) 1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	e Form 990, Part X, line :	13.	
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value 2,389,206
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) GOODWILL	ne 15.		2,389,206
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) GOODWILL Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. Ition 5.)		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) GOODWILL Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		2,389,206
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) GOODWILL Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. Ition 5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	, , , , , , , , , , , , , , , , , , ,	2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		2,389,206

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,308,228
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,372,463
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,935,765
4	Net unrealized gains (losses) on investments	4	-976,773
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	Total adjustments (net) Add lines 4 - 8	9	-976,773
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,958,992
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	29,040,863
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-341,195
3	Subtract line 2e from line 1	3	29,382,058
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a -73,830		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-73,830
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,308,228
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,081,871
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	635,578
3	Subtract line 2e from line 1	3	25,446,293
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a -73,830		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-73,830
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,372,463

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		NACS HAS ADOPTED THE ACCOUNTING STANDARD RELATED TO UNCERTAIN INCOME TAX POSITIONS THE STANDARD REQUIRES THAT AN UNCERTAIN INCOME TAX POSITION MUST BE MORE LIKELY THAN NOT (GREATER THAN 50% LIKELIHOOD OF REALIZATION) BEFORE IT IS RECOGNIZED IN THE FINANCIAL STATEMENTS FURTHERMORE, THE STANDARD REQUIRES THAT THE AMOUNT RECOGNIZED BE THE SAME AS THAT WHICH WOULD BE DETERMINED AS A RESULT OF REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION DURING THE YEAR ENDED DECEMBER 31, 2011, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS AT A MINIMUM, THE DECEMBER 31, 2008 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS		IMPUTED RENTAL INCOME 635,578
PART XIII, LINE 2D - OTHER ADJUSTMENTS		IMPUTED RENTAL EXPENSE 635,578

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

DLN: 93493318033492

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

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

Inspection

Name of the organization	Employer identificati	Employer identification number					
NATIONAL ASSOCIATION OF CON	95-2237749						
Part I General Information	n on Grants and	Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or ass	ıstance?					▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, Im Part IV and Schedule	e 21 for any recipi	ent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
						<u> </u>	
2 Enter total number of section 50	O1(c)(3) and governm	nent organizations list	ted in the line 1 table .				
3 Enter total number of other orga		_					

IN THE U S

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.									
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc				

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. **Ident if ier** Return Reference **Explanation** PROCEDURE FOR PART I, LINE 2 SCHEDULE I, PART I, LINE 2 GRANTS ARE MADE TO PERSONS AND ORGANIZATIONS ON NEED AND MERIT BASED MONITORING GRANTS

CRITERIA

Schedule I (Form 990) 2011

DLN: 93493318033492

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

NAT	TONAL ASSOCIATION OF CONVENIENCE STORES						
			95-2	2237749			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p		•				
	First-class or charter travel		Housing allowance or residence for pers	onal use			
	▼ Travel for companions		Payments for business use of personal r	residence			
	▼ Tax idemnification and gross-up payments	▽	Health or social club dues or initiation fe	ees			
	Discretionary spending account		Personal services (e g , maid, chauffeur,	, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described				1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire			7	2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that ap		•				
		_	Compensation survey or study				
		✓	Approval by the board or compensation	committee			
4	During the year, did any person listed in Form 990, Part Vor a related organization	VII	, Section A , line 1a with respect to the fil	ling organization			
а	Receive a severance payment or change-of-control paym	nen	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Νo
c	Participate in, or receive payment from, an equity-based	соі	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Pa	rt III			
5	Only 501(c)(3) and 501(c)(4) organizations only must co For persons listed in form 990, Part VII, Section A, line 3 compensation contingent on the revenues of	-					
а	The organization?				5a		
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 : compensation contingent on the net earnings of	1a,	did the organization pay or accrue any				
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 payments not described in lines 5 and 6? If "Yes," descr			e d	7		
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Reg in Part III		•	rıbe	8		
٥	If "Vac" to line 8, did the organization also follow the robi	++-	bla procumption procedure described in	Pogulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) HENRY O ARMOUR	(ı) (ıı)	1,785,476 0	0		0 32,500 0 0	52,103 0	1,870,079 0 0	
(2) LYLE BECKWITH	(I) (II)	549,053 0	0	· [0 32,500 0 0	39,408 0	620,961	
(3) BRIAN KIMMEL	(1) (11)	345,107 0	0	´	0 25,706 0 0	37,649 0	408,462	
(4) MICHAEL DAVIS	(1) (11)	257,055 0	0	·	0 39,359 0 0	48,486 0	344,900	
(5) ROBERT HUGHES	(ı) (ıı)	220,889	0		0 29,027 0 0	44,890 0	294,806	
(6) DAE KIM	(ı) (ıı)	290,920	0		0 25,309 0 0	39,547 0	7 355,776 0 0	
(7) JOHN EICHBERGER	(ı) (ıı)	256,613 0	0		0 14,700 0 0	30,944 0	302,257	
(8) JEFF LENARD	(ı) (ıı)	196,227 0	0	′	0 31,715 0 0	44,711 0	272,653	
(9) JACK LODER	(ı) (ıı)	166,348 0	0		0 48,330 0 0	63,928 0	278,606 0 0	
(10) BOB SWANSON	(I) (II)	136,185	0	1	0 36,244	40,429	212,858	
	_				+			
							<u> </u>	
			 					1
	\rightarrow	<u> </u>	 			1		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier Ret urn Explanation		Explanation
	,	FIRST CLASS TRAVEL IS PERMITTED ON LONG-DURATION FLIGHTS IN ACCORDANCE WITH THE TERMS OF WRITTEN EMPLOYMENT CONTRACTS IN
		CERTAIN INSTANCES, COMPANION TRAVEL IS PERMITTED AND TREATED AS A TAXABLE BENEFIT CERTAIN CLUB DUES ARE PAID BY NACS IN ACCORDANCE WITH THE TERMS OF WRITTEN EMPLOYMENT CONTRACTS

Schedule J (Form 990) 2011

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF CONVENIENCE STORES **Employer identification number**

95-2237749

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE ASSOCIATION SHALL BE SIX CLASSES RETAIL MEMBER, SUPPLIER MEMBER, HONORARY MEMBER, LIFE MEMBER, INDIVIDUAL MEMBER, AND ALLIED MEMBER A RETAIL MEMBER AN INDIVIDUAL OR CORPORATION WITH ONE OR MORE OPERATING CONVENIENCE STORES MAY APPLY FOR MEMBERSHIP IN THE ASSOCIATION BY FILING WITH THE ASSOCIATION OFFICE AN APPLICATION TOGETHER WITH A CHECK TO COVER APPROPRIATE DUES ALL REPRESENTATIVES OF A RETAIL MEMBER MAY PARTICIPATE IN ANY REGULAR OR SPECIAL MEETING OF THE ASSOCIATION, BUT EACH RETAIL MEMBER SHALL HAVE ONLY ONE VOTE A SUPPLIER MEMBER COMPANIES DEALING WITH THE CONVENIENCE STORE INDUSTRY MAY APPLY FOR PARTICIPATION AS A "SUPPLIER MEMBER "SUPPLIER MEMBERS" SUPPLIER MEMBER SHALL HAVE ONLY ONE VOTE A SUPPLIER MEMBER "SUPPLIER MEMBER "SUPPLIER MEMBER SHALL HAVE ON SUPPLIER MEMBER OR ITS REPRESENTATIVE MAY SERVE AS AN OFFICER SUPPLIER MEMBERS WILL BE REPRESENTED BY A SUPPLIER BOARD THE CHAIRMAN AND CHAIRMAN-ELECT OF THE SUPPLIER MEMBERS WILL BE REPRESENTED BY A SUPPLIER NACS BOARD OF DIRECTORS SUPPLIER MEMBERS WILL HAVE NO OBLIGATION OTHER THAN THEIR ANNUAL DUES AND SHALL NOT BE HELD LEGALLY RESPONSIBLE FOR ACTIONS OF THE NATIONAL ASSOCIATION OF CONVENIENCE STORES HONORARY MEMBERSHIP FOR RECOGNITION OF MERITORIOUS SERVICE TO THE RETAIL CONVENIENCE STORE INDUSTRY, AN HONORARY MEMBERSHIP IN THE ASSOCIATION, WITHOUT VOTING OR OFFICE-HOLDING POWERS, MAY BE GRANTED TO ANY PERSON UPON THE RECOMMENDATION OF ANY MEMBER OF THE BOARD OF DIRECTORS AND APPROVAL OF THE BOARD OF DIRECTORS AT ANY REGULAR BOARD MEETING SUCH HONORARY MEMBERSHIP SHALL BE FOR ONE YEAR UNLESS EXTENDED BY VOTE OF THE BOARD OF DIRECTORS AND APPROVAL OF THE BOARD OF DIRECTORS AT ANY REGULAR BOARD MEETING SUCH HONORARY MEMBERSHIP SHALL BE FOR ONE YEAR UNLESS EXTENDED BY VOTE OF THE BOARD OF DIRECTORS AT ANY REGULAR BOARD MEETING SUCH HONORARY MEMBERSHIP IS NON-ASSIGNABLE, NON-TRANSFERABLE, AND PERSONAL IN NATURE FOR RECOGNITION OF LONG-TERM, MERTORIOUS SERVICE TO THE CONVENIENCE STORE INDUSTRY, A LIFE MEMBERSHIP IN THE ASSOCIATION, WITH

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	RETAIL MEMBERS ALL REPRESENTATIVES OF A RETAIL MEMBER MAY PARTICIPATE IN ANY REGULAR OR SPECIAL MEETING OF THE ASSOCIATION, BUT EACH RETAIL MEMBER SHALL HAVE ONLY ONE (1) VOTE

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	RETAIL MEMBER ALL REPRESENTATIVES OF A RETAIL MEMBER MAY PARTICIPATE IN ANY REGULAR OR SPECIAL MEETING OF THE ASSOCIATION, BUT EACH RETAIL MEMBER SHALL HAVE ONLY ONE (1) VOTE

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY NACS' CFO AND CEO BEFORE IT IS FILED IN ADDITION, THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM BEFORE THE FINAL VERSION IS FILED

	eturn erence	Explanation
FORM PART SECTI LINE 1	ΓVI, ΄ ΓΙΟΝ Β, 12C	BY ACCEPTING THE OPPORTUNITY TO SERVE NACS AS A MEMBER OF ITS BOARD OF DIRECTORS OR SUPPLIER BOARD, A NACS COMMITTEE OR TASK FORCE, STAFF, COUNSEL OR OTHER PROVIDER OF SERVICES, AN INDIVIDUAL ACKNOWLEDGES THAT THE CENTRAL INTEREST UPON WHICH NACS' EFFORTS ARE FOCUSED IS THAT OF RETAIL CONVENIENCE STORE OPERATORS AS A CLASS UNDER ANY CIRCUMSTANCES IN WHICH AN INDIVIDUAL, SERVING IN THE PREVIOUSLY DESCRIBED CAPACITIES IS 1) OBLIGED, BY EMPLOYMENT, INVESTMENT, OR OTHER DUTY, TO PROTECT OR PROMOTE AN INTEREST OTHER THAN THE INTERESTS OF RETAIL CONVENIENCE STORE OPERATORS, AS A CLASS OR NACS, AND 2) INVOLVED IN THE DEVELOPMENT OF A POSITION OR POLICY TO BE ADVOCATED BY NACS, THEN, THAT INDIVIDUAL SHALL A) PROMPTLY DISCLOSE HIS OR HER ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AND B) RECUSE HIMSELF OR HERSELF FROM VOTING OR OTHER ACTION WHICH CAN RESULT IN THE FORMULATION OF THAT POLICY OR POSITION UPON THE DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT, THE OTHER MEMBERS OF THE BOARD, COMMITTEE OR TASK FORCE SHALL DETERMINE WHETHER THAT INDIVIDUAL MAY PARTICIPATE IN ANY RELEVANT EXCHANGE OF VIEWS RELATING TO THE ISSUE WHICH GIVES RISE TO THAT CONFLICT

Identifier Return Referen	
FORM 99 PART VI, SECTION LINE 15	FOLLOWING PERSONS EMPLOYED BY NACS A) THE PRESIDENT & CEO THE PROCESS INCLUDES ALL OF THESE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -976,773

ldentifier	Return Reference	Explanation
COMMITTEE RESPONSIBLE FOR FINANCIAL STATEMENTS AND INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

ldentifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	ANY INDIVIDUAL MAY FILE A WRITTEN COMPLAINT, ON A CONFIDENTIAL BASIS, USING A COMPLAINT FORM UPON RECEIPT OF A COMPLAINT FORM, THE COMPLAINT ADMINISTRATOR WILL (I) DATE STAMP THE COMPLAINT FORM, (II) DETERMINE WHETHER THE COMPLAINT PERTAINS TO A CONFLICT OF INTEREST, AND (III) ACKNOWLEDGE RECEIPT OF THE COMPLAINT FORM TO THE COMPLAINT AND SET A DATE FOR A HEARING USING THE ACKNOWLEDGEMENT OF COMPLAINT FORM A HEARING WILL THEN TAKE PLACE VIA CONFERENCE CALL TO EVALUATE THE NATURE AND VALIDITY OF THE COMPLAINT PARTIES INVOLVED IN THE HEARING ARE LIMITED TO THE COMMITTEE, ITS STAFF AND COUNSEL, THE COMPLAINTANT AND HIS/HER COUNSEL. THE COMMITTEE WILL ASK THE COMPLAINTANT AND HIS/HER COUNSEL. THE COMMITTEE WILL ASK THE COMPLAINANT QUESTIONS TO DETERMINE WHETHER, BASED ON THE PREPONDERANCE OF THE EVIDENCE, IT IS MORE LIKELY THAN NOT THAT THE NACS CONFLICTS OF INTEREST POLICY HAS BEEN VIOLATED WITHIN TEN CALENDAR DAYS FOLLOWING THE CONCLUSION OF THE COMPLAINTANT HIND HIS/HER TO RESPOND TO THE ACCUSATION EITHER AT A HEARING OR IN WRITING WITHIN THIS BUSINESS DAYS OF THE EARLIER TO OCCUR OF A) THE RESPONDENTS INFORMING THE COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE SUBJECT OF THE COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE NOTICE OF COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE RESPONDENTS DELIVERY OF A WRITTEN RESPONSE, OR C) ELEVEN DAYS FOLLOWING THE DATE LISTED ON THE NOTICE OF COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE RESPONDENT SINFORMING THE COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE RESPONDENT USING THE RESPONSE LETTER FORM IF A RESPONSE IS RECEIVED, THEN THE FULL COMMITTEE WILL CONDUCT A HEARING ON THE DATE SET FORTH ON THE RESPONSE IS RECEIVED, THEN THE FULL COMMITTEE WILL CONDUCT A HEARING ON THE RESPONDENT AND HIS/HER COUNSEL. THE RESPONDENT WILL HAVE THE OPPORTUNITY TO PRESENT RELEVANTE VIDENCE VERBALLY AND IN WRITING TO THE COMMITTEE. ITS STAFF AND COUNSEL, AND THE RESPONDENT AND HIS/HER COUNSEL. THEN THE RESPONDENT WILL HAVE THE RIGHT TO PRESENT PLOYADE. THE WILL BE SUBMITTED TO THE

DLN: 93493318033492

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

(g)

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL ASSOCIATION OF CONVENIENCE STORES	Employer identification number
	95-2237749

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) C-STORE MATRIXCOM (INACTIVE) 1600 DUKE STREET ALEXANDRIA, VA 22314 51-0402828		VA			NACS
(2) CSX LLC 1600 DUKE STREET ALEXANDRIA, VA 65201 20-0433402	ON-LINE SOFTWARE & DATABASE TOOLS FOR COMPARABILITY IN CONVENIENCE STORES	VA	296,047	267,663	NACS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: contr organi	12(b)(13) rolled
						Yes	No
(1) CONVENIENCE STORE FOUNDATION FOR EDUCATION AND RESEARCH							
1600 DUKE STREET	EDUCATION AND RESEARCH	VA	501 (C)(3)	509(A)(1)	NACS		No
ALEXANDRIA, VA 22314 _54-1723339							
(2) NACSPAC	DEDDECEMES THE INTERESTS						
1600 DUKE STREET	REPRESENTS THE INTERESTS OF CONVENIENCE STORES AND PETROLEUM	VA	527	N/A	NACS		No
ALEXANDRIA, VA 22314 26-0047011	MARKETING						
(3) PETROLEUM CONVENIENCE ALLIANCE FOR TECHNOLOGY STANDARDS INC							
1600 DUKE STREET	MEMBERSHIP ORGANIZATION	VA	501 (C)(6)	N/A	NACS		No
ALEXANDRIA, VA 22314 80-0078994							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	L Cat No 50	135Y	ı	Schedule R (F	orm 990)	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
_			<u> </u>					<u> </u>

Part V Transactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	ırt IV, lıne 34, 35, 3	35A, or 36.)						
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related of	organizations listed in Par	ts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No				
b Gift, grant, or capital contribution to related organization(s)			1b	Yes					
c Gift, grant, or capital contribution from related organization(s)			1 c		No				
d Loans or loan guarantees to or for related organization(s)			1d		No				
e Loans or loan guarantees by related organization(s)			1e		No				
f Sale of assets to related organization(s)			1f		No				
g Purchase of assets from related organization(s)			1 g		No				
h Exchange of assets with related organization(s)			1h		No				
i Lease of facilities, equipment, or other assets to related organization(s)			1i		No				
j Lease of facilities, equipment, or other assets from related organization(s)			1j		No				
k Performance of services or membership or fundraising solicitations for related organization(s)			1k	_	No				
Performance of services or membership or fundraising solicitations by related organization(s)									
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
n Sharing of paid employees with related organization(s)	· ·								
• Reimbursement paid to related organization(s) for expenses			10		No				
p Reimbursement paid by related organization(s) for expenses			1 p		No				
q O ther transfer of cash or property to related organization(s)			1q		No				
r Other transfer of cash or property from related organization(s)			1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lii	ne, including covered rela	tionships and transact	tion thresholds						
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ involve		nount				
(1) CONVENIENCE STORE FOUNDATION FOR EDUCATION AND RESEARCH	М								
(2) CONVENIENCE STORE FOUNDATION FOR EDUCATION AND RESEARCH	В								
(3) NACSPAC	N								
(4) NACSPAC	М								
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 601(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	
				<u> </u>									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011