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DLN: 93493318080974

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form

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► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca l applicable	lendar year, or tax year beginning C Name of organization NATIONAL RESTAURANT ASSOCIATIO	01-01-2013 , 2013, and ending 12	-31-2013	D Emplo	yer ident	ification number
		hange	Doing Business As			36-1	525480	
	me cha	=	Doing Business / B					
_	tıal retu		Number and street (or P O box if ma 2055 L Street NW	ail is not delivered to street address) Room,	'suite	E Teleph	one numbe	er
	rmınate		Suite 700			(202)	331-59	00
Am	ended	return	City or town, state or province, coun Washington, DC 200364957	try, and ZIP or foreign postal code		(= = = /		
App	plicatio	n pending	3 ,			G Gross i	eceipts \$ 1	102,296,130
			F Name and address of prin Dawn M Sweenev	cıpal officer		Is this a group		
			2055 L Street NW			subordinates?		┌ Yes 🗸 No
			Washington, DC 20036			Are all subord	nates	┌ Yes ┌ No
T Ta	v-ever	mpt status	F01/c\/2\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			included? If "No " attach	a liet (e	see instructions)
				insert no) 4947(a)(1) 01 527	_	ii NO, attaci	ialist (s	see mstructions;
) W	ebsit	e:⊫ ww	w restaurant org		H(c)	Group exempt	ion numl	ber -
			n 🔽 Corporation 🗌 Trust 🦳 Association	Other 🕨	L Yea	r of formation 19	39 M S	tate of legal domicile IL
Pa	rt I	Sum	nmary					
Governance		The Nat		n or most significant activities ates value for the foodservice indus earch on current trends, advocate p	•	•		•
Ě								
<u> </u>	2	Check t	his box 🔭 if the organization dis	continued its operations or dispose	d of more t	han 25% of its	net ass	ets
	_							
Activities &	1			ng body (Part VI, line 1a) If the governing body (Part VI, line 1			3 4	
₹				alendar year 2013 (Part V, line 2a)			5	275
ą ą			imber of volunteers (estimate if ne		6	87		
	1		·	art VIII, column (C), line 12			7a	1,262,031
	1		elated business taxable income fr				7b	-4,413
						Prior Year	` '	Current Year
	8	Contr	ibutions and grants (Part VIII, lir	ne 1 h)		2,980,	232	3,220,171
nile	9	Progra	am service revenue (Part VIII, lir		26,559,	097	28,797,824	
Rayenue	10	Inves	tment income (Part VIII, column		715,	215	1,067,055	
Δ.	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		37,586,	458	38,213,795
	12			(must equal Part VIII, column (A), l	ıne	67,841,	002	71,298,845
	13			IX, column (A), lines 1–3)		163,		846,781
	14			X, column (A), line 4)		,	0	0
	15			e benefits (Part IX, column (A), line				
Expenses		5-10				26,544,	- 	30,666,231
₹	16a			column (A), line 11e)	• —		0	0
五	Ь		undraising expenses (Part IX, column (D)					
	17			ines 11a-11d, 11f-24e)		41,066,		39,480,491
	18			et equal Part IX, column (A), line 25		67,774,		70,993,503
<i>₩</i> 27	19	Kever	ine less exhelises Subtract line i	18 from line 12		inning of Curre	742 nt	305,342
8 8000 8000 8000 8000 8000 8000 8000 8						Year		End of Year
Not Assets or Fund Balances	20					80,424,	441	78,280,246
¥ 2	21					36,388,		32,828,319
	22			ine 21 from line 20		44,035,	565	45,451,927
Unde my ki prepa	nowle arer h	alties of dge and as any k	belief, it is true, correct, and com nowledge ature of officer	mined this return, including accomp plete Declaration of preparer (other				
Here	C		e or print name and title					
		<u> 17 ' </u>	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	d					self-employed		
	pare		Firm's name 🕨			Firm's EIN ►		
	On		Fırm's address 🕨			Phone no		

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

┌Yes ┌No

Form	990 (2013)				Page :
Par		_	<u>-</u>	art III	
If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program				uality of life for all we serve	
2				ear which were not listed on	
	•				
3	Did the organization	n cease conducting, or ma	ke significant changes in how it	conducts, any program	
	If "Yes," describe t	hese changes on Schedule	e O		
4	expenses Section !	501(c)(3) and 501(c)(4) o	rganizations are required to rep		
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
					food handling During 2013, NR
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	restaurant industry De specific issue and work	epending on the specific issue, the ss with government agencies/org	ne NRA, along with the State Restaura ganizations to achieve the best possible	ınt Associations, develops an appropriat	e position and response to the
	(0.1	\ /=		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
4c	•	, , ,	,	, ,)
			s and suppliers from across the foodse		34 different countries, covering
4d	Other program ser	vices (Describe in Schedu	ule O)		

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
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 and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	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	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			i
_		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		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

-	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	. J No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 156		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to fine 54 of 55, and the organization menorial occupant.	5c		
1	Does the organization have annual gross receipts that are normally greater than $$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	- ^		
	The rest, indicate the number of Forms 8282 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	_ -		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		
	in which the organization is licensed to issue qualified health plans			
	150	 	 	 .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h		

Part VI 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.

Check in Schedule O contains a response of note to any fine in this fact vir.	Check if Schedule O	O contains a response or note to any line in this Part VI									[৴
---	---------------------	---	--	--	--	--	--	--	--	--	----

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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
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		No
	organization's maning dualess 17 res, provide the names and dualesses in seriedance 1 1 1 1 1 1 1			.,,
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
Se		_	ue Cod Yes	
		_		e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		e.) No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a		e.) No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization have a written document retention and destruction policy? Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	e.) No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IL
- 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. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Caelie Skalniak 175 West Jackson Blvd

Suite 1500

Chicago, IL 606042814 Suite 1500 (312) 715-6765

Form 990	(2013)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key 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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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 organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and a	tion (han c n is l	ne b both	oox, an c	heck unless officer stee)	i	(D Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	- -	(F) Estima mount o compens	nted fother sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		rganizat relat organiza	ed
												_		
												-		
												-		
												-		
1b	Sub-Total							<u> </u>						
C	Total from continuation sheet	s to Part VII, S	ection A	٠.				•						
d	Total (add lines 1b and 1c) .							Þ		6,020,313	185,16	54		1,952,684
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	, or highest	t compen	sated employee	3	les	No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	165	No
											L	_		
Se 1	ection B. Independent Co Complete this table for your five		ensate	d Inde	epen	dent	contr	acto	rs that rec	eived mo	re than \$100 000	of		
	compensation from the organiz	zation Report co									thin the organizati			
		(A)									(B)		(C)

(A) Name and business address	(B) Description of services	(C) Compensation
RR Donnelley P O Box 93514 Chicago IL 60673	Warehousing services	1,789,569
GES- Chicago P O Box 96174 Chicago IL 60693	Exposition services	1,251,422
Meridian Knowledge Solutions LLC 80 Iron Point Circle Folsom CA 95630	Service maintenance	1,078,671
Electronic Knowledge Interchange 33 West Monroe Chicago IL 60603	IT services	1,022,342
Fahrenheit LLC 1054 31st Street NW Washington DC 20007	Construction	952,245

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►59

		1		
	4			
•)	

Form 99								Page 9
Part V	ДШ	Statement o	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>2</u> 2	1a	Federated cam	paigns 1a	0				
Grants mounts	ь	Membership du	es 1b	0				
ي ق	c	Fundraising eve	ents 1c	386,055				
ifts, ≅rA	d	Related organiz	zations 1d	0				
છું.≌	e	Government grants		0				
Contributions, Gifts, Grants and Other Similar Amounts	f	_	ons, gifts, grants, and 1f	2,834,116				
ntribu I Oth	g	Noncash contribution	ons included in lines	190,522				
Cor	h	Total. Add lines	s 1a-1f	· · · •	3,220,171			
<u> </u>				Business Code				
иeп	2a	Annual Trade Show	v	541900	22,241,634	22,241,634	0	0
æ	Ь	Conferences & Ser	minars	813910	636,615	636,615	0	0
ACe	C	Member Programs	/ Partner Products	813910	1,841,894	369,241	1,472,653	0
Ser.	d	SRA License Rever	nue	813910	283,500	0	0	283,500
Ē	е	Membership Dues		813910	3,794,181	3,794,181	0	0
Program Serwce Revenue	f	All other progra	am service revenue		0	0	0	0
<u>~</u>	g	Total. Add lines	s 2a – 2f	🛌	28,797,824			
	3		ome (including dividend ar amounts)		474,457	o	0	474,457
	4		stment of tax-exempt bond p		0	0	0	0
	5	Royalties		🕨	1,814,710	0	0	1,814,710
			(ı) Real	(II) Personal				
	6a	Gross rents	36,590	0				
	b	Less rental expenses	455,978	0				
	С	Rental income or (loss)	-419,388	0				
	d	Net rental inco	me or (loss)		-419,388	0	-210,622	-208,766
	l _	6	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	24,924,937	2,475,973				
	ь	Less cost or other basis and	24,219,227	2,589,085				
		sales expenses						
	C	Gain or (loss)	705,710	-113,112	592,598	0	0	592,598
e	d 8a	Gross income f events (not inc	luding		3,2,3,0			3,2,3,0
Other Revenue		Ψ						
Ā		1	a	183,240				
₹	b c		penses b [(loss) from fundraising e	144,427 events .	38,813		0	38,813
_	9a		rom gaming activities		·			
	.		a					
	b c		penses b [(loss) from gaming activ	/Ities -				
		Gross sales of returns and allo	ınventory, less	710100 1 1				
			a	40,368,228				
	ь		oods sold b	3,588,568				
	С		(loss) from sales of inve		36,779,660	36,779,660	0	C
	44-	Miscellaneous	s Revenue	Business Code				
	11a b							
	q C	All other reven						
	d e		ue	▶				
	12			. }	0			
	**	iocai revenue.	See Instructions	•	71,298,845	63,821,331	1,262,031	2,995,312

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

Jecen	31 301(c)(3) and 301(c)(4) organizations must complete an columns An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	846,781			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,825,850			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	16,525,328			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	921,030			
9	Other employee benefits	5,620,134			
10	Payroll taxes	1,773,889			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	354,476			
c	Accounting	101,618			
d	Lobbying	820,106			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	149,495			
а	Other (If line 11g amount exceeds 10% of line 25,	113,133			
9	column (A) amount, list line 11g expenses on Schedule O)	4,351,477			
12	Advertising and promotion	866,380			
13	Office expenses	3,761,475			
14	Information technology	1,341,016			
15	Royalties	3,394,015			
16	Occupancy	1,588,454			
17	Travel	2,092,100			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,055,291			
20	Interest	301,920			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,368,997			
23	Insurance	257,961			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Bank, credit card fees and taxes	912,844			
b	SRA incentives	7,906,486			
c	Bad debts	856,380			
d					-
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	70,993,503	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response or note to any line in	thıs P	art X			
			_		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,449,627	1	4,531,102
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			4,967,150	4	4,277,594
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of	0	5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	buting employers				
	7	Notes and loans receivable, net			0		
	8	Inventories for sale or use			833,942		373,677
	9	Prepaid expenses and deferred charges			9,666,888		1,444,667
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		51,299,851	, ,		1,111,001
	ь	Less accumulated depreciation	10b	8,572,168	30,680,943	10c	42,727,683
	11	Investments—publicly traded securities	14,708,912	11	23,614,601		
	12	Investments—other securities See Part IV, line 11			0	12	
	13	Investments—program-related See Part IV, line 11			0	13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			1,116,979	15	1,310,922
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			80,424,441	16	78,280,246
	17	Accounts payable and accrued expenses			12,728,452	17	11,516,004
	18	Grants payable			0	18	
	19	Deferred revenue			7,725,773	19	8,574,169
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr				
Эę		persons Complete Part II of Schedule L			0	22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		14,000,000	23	11,529,130
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ırt X o	f Schedule	4.004.054		4.000.040
		D			1,934,651		1,209,016
<u>پ</u>	26	Total liabilities. Add lines 17 through 25			36,388,876	26	32,828,319
or Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			41,332,198	27	42,483,711
<u>ದ</u>	28			• •	2,703,367	28	2,968,216
<u> </u>	29	Temporarily restricted net assets	•		2,700,007	29	2,300,210
Ĭ	29					29	
正		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere F	and			
ō	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
d SS	32	Retained earnings, endowment, accumulated income, or other				32	
Net 4	33	Total net assets or fund balances			44,035,565		45,451,927
Ž	34	Total liabilities and net assets/fund balances			80,424,441	34	78,280,246
	12.		• •	<u> </u>	1 33,727,771		Form 900 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		71,	298,845
2	Total expenses (must equal Part IX, column (A), line 25)	2		70,9	993,503
3	Revenue less expenses Subtract line 2 from line 1	3			305,342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			35,565
5	Net unrealized gains (losses) on investments	5		·	036,020
6	Donated services and use of facilities	6			75,000
7	Investment expenses	7			0
8	Prior period adjustments	8		C	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		45,4	451,927
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	he 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: 13000241 **Software Version:** v1.00

EIN: 36-1525480

Name: NATIONAL RESTAURANT ASSOCIATION

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	nless ficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-1413c)	2/10/3/11/13C)	related organizations
Philip Hickey	5	х		х				0	0	0
Chair Marshall Conrad	4 5							,		
Vice Chair		x		х				0	0	0
John Crawford	4 00 5	<u></u>		.,						
Treasurer	4 00	Х		Х				0	0	0
Louis J Basile Jr	2	×						0	0	0
Director Marybeth N Bisienere	0 2									
Director	0	x						0	0	0
Tom Boucher	2								0	
Director	0	X						0	0	0
Glenn Brady	2	x						0	0	0
Director Richard J Brennan Jr	0 2									
Director	0	Х						0	0	0
John Campbell	2	х						0	0	0
Director	0							Ů	-	
Michael Carney	2	x						0	0	0
Director W J Caskey	0 2									
Director	0	X						0	0	0
Ed Choe	2	×						0	0	0
Director	0							Ů		
Steve Chucn	2	x						0	0	0
Director Ira Cohn	0 2									
Director	0	X						0	0	0
Patrick Conway	2	Х						0	0	0
Director	0							Ů		
Jeffery W Davis	2	x						0	0	0
Director Lorna Donatone	2 00									
Director	2 00	Х						0	0	0
George A Ebinger	2	х						0	0	0
Director Joseph C Essa	0									
	2	x						0	0	0
Director Sam J Facchini	0 2									
Director	2 00	X						0	0	0
Don M Fox	2	х						0	0	0
Director Philip Friedman	0	<u> </u>								
Director	2	×						0	0	0
Susan Gambardella	2 00									
Director	0	Х						0	0	0
David Goronkin	2	Х						0	0	0
Director Dewey Guida	0 2						-			
		x						0	0	0
Director	0	L		<u> </u>	<u> </u>					L

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below organizations emplo)ee dotted line) t compensated ee Desmond Hague 2 Χ 0 0 Director 0 Thomas Hester 2 Χ 0 0 Director 0 Geoffrey D Hetrick 2 Χ 0 0 0 Michael Hickey 2 0 0 0 Х Director 5 00 Geoff Hill 2 Х 0 0 0 Director 0 Steven Michael Hilton 2 Χ 0 0 0 Director Jım Hopper 2 Χ 0 0 0 Director 0 Maureen Hurley 2 Х 0 0 0 Director 0 Thomas Hutchinson 2 Χ 0 0 0 Director 0 Elizabeth Ingram 2 Χ 0 0 Director 0 Richie Jackson 2 Χ 0 0 0 Director 0 Kenneth James 2 Χ 0 0 0 Director 0 Lyndon Johnson 2 Χ 0 0 Director 0 Richard Anthony Joseph 2 0 0 0 Х Director 0 Joseph Kadow 2 Χ 0 0 0 Director 0 William D Kohl 2 Χ 0 0 Director 0 Victor Lim 2 Χ 0 0 0 John H Longstreet 2 Χ 0 0 0 Director 0 Karen Luey 2 0 Χ 0 0 Director 0 Ivan Matsunaga 2 0 0 0 Χ 0 Robert McAdam 2 Х 0 0 0 Director 2.00 Steve McCoid 2 0 0 Х 0 Director 0 Lisa McEuen 2 Χ 0 0 Director Matt McMahon 2 Χ 0 0 Director 0 Peter Meersman 2 0 0 0 Χ Director 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustaa or diiector organizations related Institutional Trustee below organizations emplo)ee dotted line) t compensated ee Jeffrey Messinger 2 Χ 0 0 Director 0 John C Metz Jr 2 Χ 0 0 Director 0 Brian Moore 2 Χ 0 0 Director 0 Chris O'Herlihy 2 Χ 0 0 0 Director 0 Raphael Oliver 2 Х 0 0 0 Director 0 Michael Osborn 2 Χ 0 0 0 Director Chris Pappas 2 Χ 0 0 0 Director 0 Ed Pfanmuller 2 Χ 0 0 0 Director 0 Frank J Puleo 2 Χ 0 0 0 Director 2 00 Peter M Rastrelli 2 Χ 0 0 Director 0 Craig Reed 2 Χ 0 0 0 Director 2 00 Richard Roman 2 Χ 0 0 0 Director 0 Casey Ryan 2 Χ 0 0 Director 0 Kevin C Settles 2 0 0 0 Х Director 0 William Sewell 2 Χ 0 0 0 Director 2 00 Carl S Sobocinski 2 Χ 0 0 Director 0 Bret Stewart 2 Χ 0 0 Director 0 Jay Stieber 2 Χ 0 0 0 Director 0 David Stockman 2 0 Χ 0 0 Director 0 Wes Stouder 2 Χ 0 0 0 0 Gene Suellentrop 2 Х 0 0 0 Director 0 Joseph G Taylor 2 0 0 Х 0 Director 2 00 Fred Thımm 2 Χ 0 0 Director Clarice Turner 2 Χ 0 0 Director 0 Kellı Valade 2 0 0 0 Χ Director 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (F) (B) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wfrom the any hours and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe <u>8</u>0€ ♂ Individual trustee or director organizations related nstitutional Trustee mer below organızatıons employee dotted line) t compensated ee Ronald Vlasic 2 Χ 0 0 Director 0 Roy Steven Watson 2 Χ 0 0 O Director 0 Robert Wong 2 Х 0 0 Director 2 00 Rosalyn Mallet 2 0 0 0 Х Immediate Past Chair 2 00 Ted Balestren 2 Х 0 0 0 Past Chair 0 Joseph K Fassler 2 Χ 0 0 0 Past Chair Michael Gibbons 2 Χ 0 0 0 Past Chair 5 00 Mıchael Kaufman 2 Х 0 0 O Past Chair 0 Sally Smith 2 Χ 0 0 0 Past Chair 2 00 Xavier Teixido 2 Χ 0 0 Past Chair 0 Ed Tinsley 2 Х 0 0 0 Past Chair 0 Ralph Brennan 2 Χ 0 0 0 Past Chair 0 Dawn M Sweeney 40 Χ 1,517,601 0 580,402 President and CEO 0 Marvin Franklin Irby 40 478,861 Х 0 213,038 CAO and CFO 0 Peter G Kilgore 40 Χ 430,476 0 36,854 SVP General Counsel and Corporate Secretary 0 John Scott DeFife 40 Х 542,254 0 186,867 Executive VP Policy and Government Affairs 0 Robert Alan Gifford 20 Х 185,163 185,164 178,335 Executive VP Philanthropic Initiatives 20 Mary Pat Heftman 40 Χ 359,902 0 187,907 EVP Convention and Strategic Alliances 0 James Balda 40 Х 295,882 0 140,343 SVP Innovation and Business Development 0 Edward Beck 40 Х 250,687 0 54,938 Chief Information Officer and SVP of Technology 0 Dawn Marie Cacciotti 40 245,809 0 Х 40.022 Senior Vice President Human Resources 0 Paul Kenneth Hineman 40 Х 0 227,878 14,809 Executive Vice President 0 Phillip M Kafarakis 40 Х 161,393 0 18,565 Chief Innovation and Member Advancement Officer David Matthews 40 324,124 0 83,199 Х EVP Innovation and Membership Advancement 0 Hudson Riehle 40

Х

0

Senior Vice President Research and Knowledge

269,930

0

71,547

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

VP Industry Affairs and Food Policy

	1							I	1	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Susan H Robusto SVP Public Affairs and Communications	40					х		265,778	0	60,101
Angelo Amador VP Labor and Workforce Policy	40					х		233,775	0	23,304
Joan Rector McGlockton	40					х		230,800	0	62,453

DLN: 93493318080974

OMB No 1545-0047

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

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL RESTAURANT ASSOCIATION 36-1525480 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 in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No 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 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

	and "Was" was a see to be a fact to be seen to be seen to be seen to be a seen to be seen as the seen as	(a)		(b))
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amo	unt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
: :	Media advertisements?				
e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
) 1	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
•	Other activities?				
	Total Add lines 1c through 1i				
ı	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
,	If "Yes," enter the amount of any tax incurred under section 4912				
-	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section !	501(c)(5), c	r secti	on
_	501(c)(6).				
	Were substantially all (90% or more) dues received nondeductible by members?			1 Yes	-
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	-
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		⊢	3	+
Ŧ	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	501/6	\(5\)		
: .	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a			
1					
	Carryover from last year	2b			
•	Total	2c			
)	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	\vdash			
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			
b	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	2c			
:	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?	2c 3			
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions)	2c 3			
rc	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evident the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	2c 3 4 5	Part II	-A, line 2	2, an
b c Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information	2c 3 4 5	Part II	-A , line 2	2, an
b c Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1, Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1, Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
o ro	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1, Also, complete this part for any additional information	2c 3 4 5	Part II	-A , line 2	2, ar

201124416 3 (1 31111 333 31 333 12) 2313		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

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DLN: 93493318080974

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

al Revenue Service	and its instructions	is at <u>www.irs.gov/ioriii9</u>	<u>190</u> .		Inspect	ion
ame of the organization TIONAL RESTAURANT ASSOCIATION			Em	ployer ident if ica	tion numbe	r
			36	-1525480		
rt I Organizations Maintaini			nilar Funds	or Accounts	. Complete	e ıf th
organization answered "Ye	<u>s" to Form 990, Pa</u>			(1) 5 1 1		
Total number at end of year		(a) Donor advised fund	12	(b) Funds and o	other accoun	nts
Aggregate contributions to (during ye	ar)					
Aggregate grants from (during year)	ai)					
Aggregate value at end of year						
Did the organization inform all donors funds are the organization's property,	subject to the organ	zation's exclusive legal co	ntrol?		☐ Yes	┌ No
Did the organization inform all granter used only for charitable purposes and conferring impermissible private bene	I not for the benefit of				┌ Yes	┌ No
t II Conservation Easement		organization answered	"Yes" to For	m 990, Part IV	/, line 7.	
Purpose(s) of conservation easement Preservation of land for public use Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the o	e (e g , recreation or e	ducation)	tion of an histo tion of a certifi	rically important ed historic struct m of a conservat	ture	
easement on the last day of the tax y	-					
				Held at the	End of the	Year
Total number of conservation easeme			2a			
Total acreage restricted by conserva			2b			
Number of conservation easements o		, ,	2c			
Number of conservation easements in historic structure listed in the Nation	al Register		2d			
Number of conservation easements n the tax year 🛌	nodified, transferred,	released, extinguished, or t	erminated by t	the organization (during	
Number of states where property subj	ject to conservation 6	easement is located 🕨				
Does the organization have a written enforcement of the conservation ease	policy regarding the p			of violations, and	┌ Yes	┌ No
Staff and volunteer hours devoted to	monitoring, inspectin	g, and enforcing conservati	on easements	during the year		
A mount of expenses incurred in moni	toring, inspecting, an	d enforcing conservation ea	asements durn	ng the year		
Does each conservation easement re and section 170(h)(4)(B)(II)?	ported on line 2(d) at	pove satisfy the requiremen	nts of section 1	.70(h)(4)(B)(ı)	┌ Yes	┌ No
In Part XIII, describe how the organized balance sheet, and include, if application's accounting for cons	ble, the text of the foo					
Organizations Maintaini Complete if the organization	ing Collections o	f Art, Historical Treas to Form 990, Part IV, II	sures, or O	ther Similar <i>i</i>	Assets.	
If the organization elected, as permit works of art, historical treasures, or o service, provide, in Part XIII, the tex	ther similar assets h	eld for public exhibition, ed	ucation, or res	earch in furthera		
If the organization elected, as permit works of art, historical treasures, or c service, provide the following amount	ted under SFAS 116 other sımılar assets h	(ASC 958), to report in its i eld for public exhibition, edi	revenue stater	ment and balance		с
(i) Revenues included in Form 990, F	art VIII, line 1			► \$		
(ii) Assets included in Form 990, Par	† X					
If the organization received or held we following amounts required to be repo	orks of art, historical					
Revenues included in Form 990, Part		-		▶ \$		
	, ····- -					
Assets included in Form 990, Part X				► \$		

Part	•••• Organizations Maintaining Co	llections of Art, F	listor	<u>ical Tr</u>	eası	ires, or Ot	:hei	Similar Ass	ets (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records,	, check	any of t	he fol	lowing that a	re a	significant use	of its	
а	Public exhibition	•	d 厂	Loan	orexc	hange progra	ams			
b	Scholarly research	•	e	Other	-					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain l	how the	ey furthe	er the	organızatıon'	s ex	empt purpose ır	1	
5	During the year, did the organization solicit o								_	_
Do	assets to be sold to raise funds rather than t							<u>'</u>	Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered	I "Y6	es" to Form 9	3 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ets n		- Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing	table		_				
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?					Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	cplanat	ion has	been ¡	provided in P	art >	(III		Γ
Pa	rt V Endowment Funds. Complete									
			(b)Prior	•	b (c) ⊺		(d)⊺		(e)Four ye	
1a	Beginning of year balance	10,753,556	10	,053,397		10,036,613		8,756,482		7,640,282
b	Contributions	545,791		128,500		129,500		138,375		58,000
С	Net investment earnings, gains, and losses	1,177,908		925,817		249,595		1,211,374		1,241,706
d	Grants or scholarships	147,500		197,945		206,472		69,618		97,400
е	Other expenditures for facilities and programs	0		0		0		0		0
f	Administrative expenses	170,072		156,213		155,839		135,883		86,106
g	End of year balance	12,159,683	10	,753,556		10,053,397		9,900,730		8,756,482
2	Provide the estimated percentage of the curr	ent year end balance	(lıne 1	g, colum	n (a))	held as				
а	Board designated or quasi-endowment ►	0 %								
b	Permanent endowment ► 75 %									
C	Temporarily restricted endowment ► 2 The percentages in lines 2a, 2b, and 2c show	5 % uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organization	on that	are held	danda	admınıstered	for	the		
	organization by							<u> </u>	Yes	No
	(i) unrelated organizations				•		•	3a(i		No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization		n Sche	· · ·				3b		<u> </u>
4	Describe in Part XIII the intended uses of the	·			•		•		1 1 63	
Par	t VI Land, Buildings, and Equipme				n ans	wered 'Yes'	to	Form 990, Pai	rt IV, lıı	——— ne
	11a. See Form 990, Part X, line	10.								
	Description of property) Cost or sis (invest		(b) Cost or oth basis (other		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				0		0			0
Ь	Buildings				0	30,469,	605	692,522	2	9,777,083
c I	Leasehold improvements				0	1,791,	851	1,164,092		627,759
d I	Equipment				0	19,038,	395	6,715,554	1.	2,322,841
	Other				0		0	0		0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, c	column	(B), line	10(c).)		🛌	4	2,727,683
			· <u></u>					Schedule D	(Form 9	90) 2013

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. C	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	(5, 200), value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
	on answered 'Yes' to Form 990	0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
(1) Product development costs		1,310,922
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	1,310,922
Part X Other Liabilities. Complete if the org		to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	T	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Interest-rate swap agreement	240,728	
Deferred rent liability and other leasing obligations	968,288	
Tabel (Caluma (h) anni an 15 an 200 anni an 15 a		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,209,016	

Par		Revenue per Audited Financial Statements With Revenue p wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1		er support per audited financial statements	1	
2		ut not on Form 990, Part VIII, line 12		
a		tments		
ь	Donated services and use of	facilities		
С	Recoveries of prior year gran			
d) 2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line 1		
а		luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c			4c	
5		d 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of E if the organization ai	expenses per Audited Financial Statements With Expenses aswered 'Yes' to Form 990, Part IV, line 12a.		Return. Complete
1	·	er audited financial statements	1	
2		ut not on Form 990, Part IX, line 25		
а		facilities	1	
b	•		1	
С	Other losses	1		
d	Other (Describe in Part XIII) <u>2d</u>	4	
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:		
а	•	luded on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII)	_	
C			4c	
5		ind 4c. (This must equal Form 990, Part I, line 18)	5	
	Supplemental In			
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		le any addıtıonal
	Return Reference	Explanation		
Sche	dule D, Part V, Line 4	The endowment funds are used to provide scholarships, as part of the Nat Educational Foundation's mission to enhance the industry's service to the promotion of career opportunities and community engagement		
Sche	dule D, Part X, Line 2	The Organization is subject to income tax on any unrelated business income the accounting standard on Accounting for Uncertainty in Income Taxes determination of whether tax benefits claimed or expected to be claimed or recorded in the financial statements. Under this guidance, the Organization benefit from an uncertain tax position only if it is more likely than not that sustained on examination by taxing authorities, based on the technical mexamples of tax positions include the tax-exempt status of the Organization related to the potential sources of unrelated business taxable income (UE periods presented in these consolidated financial statements, there were identified or recorded as liabilities. Liabilities for unrelated business incomes \$70,000 at December 31, 2013 and 2012, respectively	addre on a ta on may the ta erits of ion an BIT) F	sses the ix return should be y recognize the tax ax position will be of the position id various positions for the reporting recognized tax benefits

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493318080974

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	e of the organization CONAL RESTAURANT ASSO	Employer ide	Employer identification number				
						36-1525480)
Pai	t I Fundraising Act Form 990-EZ filers				ion answered "Yes" i part.	to Form 990, Part IV	/, line 17.
1	Indicate whether the organi	ızatıon raısed funds t	hrough a	ny of the 1	following activities Che	eck all that apply	
а	Mail solicitations	-government grants					
b	☐ Internet and email solid	citations		f	☐ Solicitation of gov	ernment grants	
C	Phone solicitations			g	☐ Special fundraisin	g events	
d	☐ In-person solicitations						
2a	Did the organization have a or key employees listed in						Г Yes Г No
b	If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents under which the fu	ındraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or crol of putions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota				>			
3	List all states in which the or	organization is regist	ered or li	censed to	solicit contributions o	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut				
		<u> </u>	(a) Event #1 Marriott Golf Classic	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			(event type)	(event type)	(total number)	(-),	
暑	1	Gross receipts	569,29	5		569,295	
Revenue	2	Less Contributions	386,05	5		386,055	
<u>~</u>	3	Gross income (line 1 minus line 2)	183,240			183,240	
	4	Cash prizes				0	
رب د	5	Noncash prizes				0	
Expenses	6	Rent/facility costs	139,593	3		139,593	
ă	7	Food and beverages .	3,869	9	0	3,869	
Direct	8	Entertainment	568	3	0	568	
₫	9	Other direct expenses .	397	7		397	
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(144,427)	
	11	Net income summary Subtract li				38,813	
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo		
	I	\$15,000 on Form 990-EZ, lii				<u> </u>	
Revenue		_	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
<u>~</u>	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Non-cash prizes					
	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	Г Yes% Г Nо	Г Yes% Г Nо	Г Yes% Г Nо		
	7	Direct expense summary Add line	s 2 through 5 in column ((d)			
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)			
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	tivities			
a Is the organization licensed to operate gaming activities in each of these states?							
b	If"	No," explain					
]	
10a b		re any of the organization's gaming Yes," explain			the tax year?	· · 「Yes 「No	

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

DLN: 93493318080974

Open to Public Inspection

NATIONAL RESTAURANT ASSOCIA	TION					36-1525480	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance [?]					√ Yes
Part II Grants and Other A Form 990, Part IV, line	ssistance to Go e 21, for any recip	vernments and O	rganizations in the more than \$5,000. Pa	United States. Con rt II can be duplicate	nplete if the orgai d if additional spa	nization answered "Y ace is needed.	es" to
(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
See Addıtıonal Data Table							
2 Enter total number of section 50	 	 ment organizations list	ed in the line 1 table.			<u> </u>	13

Enter total number of other organizations listed in the line 1 table

Schedule I, Part I, Line 2

(a) Type of grant or assistance

(b) Number of

recipients

(f)Description of non-cash assistance

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.		

(d)A mount of

non-cash assistance

(c)A mount of

cash grant

(e)Method of valuation

(book, FMV, appraisal, other)

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

For restricted grants, the NRA requires grantees to submit detailed product status reports, as specified in each grant agreement

Additional Data

Software ID: 13000241

Software Version: v1.00

EIN: 36-1525480

Name: NATIONAL RESTAURANT ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 grant or assistance
Georgetown University 3300 Whitehaven St Nw Harris Bldg Ste 4000 T Powell Washington, DC 20007	53-0196603	501C(3)	50,000	0	FMV		Global social enterprise support

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(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 grant or assistance			
State Legislative Leaders Foundation 1645 Falmouth Road Bldg D Centerville, MA 02632	23-7148478	501C(3)	30,000	0	FMV		Annual advisory council support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance				
Cornell University School of Hotel Administration 489 Statler Hall Ithaca, NY 14853	15-0532082	501C(3)	25,000	0	FMV	No	Senior partner support				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(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 grant or assistance				
Partnership for Food Safety Education 2345 Crystal Drive Suite 800 Arlington,VA 22202	75-2977151	501C(3)	25,000	0	FM∨	Νο	Partnership support				

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(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 grant or assistance	
Womens Foodservice Forum 6750 LBJ Freeway Dallas,TX 75240	36-4349795	501C(3)	22,000	0	FMV		Leadership development	

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(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 grant or assistance		
NCSL Foundation for State Legislatures 7700 East First Place Denver, CO 80230	74-2232576	501C(3)	17,500	0	FM∨	No	Sponsorship		

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(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 grant or assistance		
Human Rights Campaign Foundation 1640 Rhode Island Ave NW Washington, DC 20036	52-1481889	501C(3)	15,000	0	FMV	No	Sponsorship		

Form 990,Schedule 1, Pa	rt 11, Grants an	<u>ia Otner Assistance</u>	<u>e to Governments</u>	and Organizations	<u>s in the United Sta</u>	ites	
(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 grant or assistance
University of Alabama at Birmingham 1720 2nd Avenue South Birmingham, AL 35294	63-6005396	501C(3)	25,000	0	FMV		Support research and educational activities

Form 990,Schedule 1, Pa	rt 11, Grants ar	ia Otner Assistance	<u>e to Governments</u>	and Organizations	s in the United Sta	tes	
(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 grant or assistance
Ovarian Cancer National Alliance 901 E Street NW Suite 405 Washington, DC 20004	31-1581756	501C(3)	10,000	0	FM∨	No	Sponsorship

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(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 grant or assistance	
SOME Gala Offices 5910 Gloster Road Bethesda, MD 20816	23-7098123	501C(3)	10,000	0	FMV	No	Event Sponsor	

Form 990,Schedule 1, Pa	rt 11, Grants an	ia Otner Assistance	<u>e to Governments</u>	and Organizations	s in the United Sta	tes	
(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 grant or assistance
Mt Vernon Ladies Association 1250 Eye Stree NW Suite 400 Washington, DC 20005	54-0564701	501C(3)	10,000	0	FM∨		Heritage Celebration

Form 990,Schedule 1, Pa	rt 11, Grants ar	ia Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance
National Restaurant Association Educational Foundation 2055 L Street NW Washington, DC 20036	36-6103388	501C(3)	130,000	0	FMV		Endowment and scholarships

Form 990,Schedule 1, Pa	rt II, Grants an	a Otner Assistance	to Governments	and Organizations	s in the United Star	tes	
(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 grant or assistance
National Restaurant Association Military Foundation 2055 L Street NW Washington, DC 20036	32-0376712	501C(3)	75,000	0	FMV		General support

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DLN: 93493318080974

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization NATIONAL RESTAURANT ASSOCIATION **Employer identification number**

36-1525480

Pa	rt I Questions Regarding Compensation	1	·			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
		40,702	meetor, regarding the reams encored in the 14	-	res	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensi	at apply	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	oaymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		
ь	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, compensation contingent on the net earnings of	lıne 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, payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation			
See Additional Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
· · · · · ·	The CEO is authorized to maintain two memberships in private clubs in Washington and New York for her duties for Association. The Executive VP of Policy and Governmental Affairs also maintains a membership for business purposes. The CEO may fly first class for flights exceeding three hours when
	business class is unavailable

Schedule J (Form 990) 2013

Software ID: 13000241 **Software Version:** v1.00

EIN: 36-1525480

Name: NATIONAL RESTAURANT ASSOCIATION

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dawn M Sweeney President and CEO	(1) (11)		544,600	30,609	450,266 0	130,136 0	2,098,003	649,408 0
Marvin Franklin Irby CAO and CFO	(1) (11)		90,000	0	198,034	15,004 0	691,899 0	90,000
Peter G Kilgore SVP General Counsel and Corporate Secretary	(I) (II)	402,976	0	0	17,500 0	19,354 0	467,330 0	27,500 0
John Scott DeFife Executive VP Policy and Government Affairs	(I) (II)		100,500	0	185,967 0	900 0	729,121 0	100,500 0
Robert Alan Gifford Executive VP Philanthropic Initiatives	(1)				74,083 74,084	14,634 14,634	270,955 270,957	21,500 21,500
Mary Pat Heftman EVP Convention and Strategic Alliances	(I) (II)		68,150 0	0	162,376 0	25,531 0	547,809 0	68,150 0
James Balda SVP Innovation and Business Development	(I) (II)	0	0	0	108,175 0	32,168 0	436,225 0	33,782 0
Edward Beck Chief Information Officer and SVP of Technology	(I) (II)	0	0	0	35,309 0	19,630 0	305,626 0	21,850 0
Dawn Marie Cacciotti Senior Vice President Human Resources	(I) (II)	0	0	22,681	31,598 0	8,424 0	285,831 0	23,900 0
Paul Kenneth Hineman Executive Vice President	(I) (II)		65,200	6,738	0	14,809 0	242,688 0	65,200 0
Phillip M Kafarakis Chief Innovation and Member Advancement Officer	(I) (II)		0	0	0	18,565 0	179,958 0	0
David Matthews EVP Innovation and Membership Advancement	(I) (II)		37,201	0	58,090 0	25,109 0	407,323 0	57,281 0
Hudson Riehle Senior Vice President Research and Knowledge	(I) (II)		24,000	0	39,182 0	32,365 0	341,477 0	24,000
Susan H Robusto SVP Public Affairs and Communications	(I) (II)	0	0	0	42,380 0	17,721 0	325,879 0	27,500 0
Angelo Amador VP Labor and Workforce Policy	(1) (11)		20,000	0	23,244 0	60 0	257,079 0	20,000 0
Joan Rector McGlockton VP Industry Affairs and Food Policy	(I) (II)		20,000	0 0	30,205 0	32,248 0	293,253 0	20,000 0

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DLN: 93493318080974

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization NATIONAL RESTAURANT ASSOCIATION

Employer identification number

36-1525480

Pa	rt I Types o	f Property				_			
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		_	nts
1	Art—Works of art								
2	Art—Historical tre	easures .							
3	Art—Fractional in	terests							
4	Books and publica	ations							
5	Clothing and hous	sehold							
6	Cars and other ve	hicles							
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public	cly traded .							
10	Securities—Close	ly held stock .							
11	Securities—Partnor trust interests								
12	Securities—Misce	ellaneous							
13	Qualified conserv contribution—His structures	torıc							
14	Qualified conserv								
	contribution—Oth	ier							
15	Real estate—Resi	dential .							
16	Real estate—Com	imercial							
17	Real estate—Othe	er							
18	Collectibles .								
19	Food inventory .								
20	Drugs and medica	al supplies .							
21	Taxidermy								
22	Historical artifact	s							
23	Scientific specime	ens							
24	Archeological arti	facts							
	Other►(X	26	105,52	2 FMV			
	hen Equipments)								
	Other ► (azıne advertiseme	ntc \	X	1	10,000	DIFMV			
	Other ►(
28	Other ► (-							
			e organizat	ion during the tax year for	contributions	1			
23				Part IV, Donee Acknowle		29			0
	-	·		•	_	•		Yes	No
30a	During the year,	did the organization	receive by	contribution any property r	reported in Part I, lines 1	through 28, that			
	ıt must hold for a	t least three years fr	om the dat	e of the initial contribution	, and which is not require	d to be used			
	for exempt purpo	ses for the entire ho	ldıng period				30a		No
b	If "Yes." describ	e the arrangement in	Part II						
31	•	_		licy that requires the revie	w of any non-standard c	ontributions?	31	Yes	
32a	Does the organiz	ation hire or use thir	*	related organizations to s	olicit, process, or sell no	oncash 	32a		No
h	If "Yes," describ	e ın Part II							<u></u>
		n dıd not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a) is checked,			
For F	Paperwork Reduction	n Act Notice, see the I	nstructions	for Form 990.	Cat No 51227]	Schedule	M (Form	990)	(2013)

	ether the organization is reporting in Part I, column (b), the number of contributions, the
number of items rec	eived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation

Schedule M, Part I, Lines 25-28 Numbers in column (b) represent number of contributions

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493318080974

OMB No 1545-0047

2013

Open to Public

Inspection

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number

36-1525480

Name of the organization NATIONAL RESTAURANT ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Ralph Brennan and Richard Brennan family relationship
Form 990, Part VI, Section A, Line 6	The NRA is organized as an association with members who have the right to participate in the organization's governance
Form 990, Part VI, Section A, Line 7a	The Board elects the officers of the governing body of the NRA who are nominated by the Board Governance Committee
Form 990, Part VI, Section A, Line 7b	Members have the right to approve decisions of the governing body's election of directors and officers
Form 990, Part VI, Section B, Line 11b	The Association's governing body consists of 87 individual members. The Form 990 is review ed by the governing body's leadership which includes the following positions. Officers of the Association including the Chairman, Vice Chairman and the Treasurer/Chairman of the Finance Committee, and the Chairman of the Audit Comittee of the Board. The 2013 Form 990 was sidistributed to and reviewed by this leadership group by teleconference prior to filing.
Form 990, Part VI, Section B, Line 12c	Officers and Directors are required to disclose conflicts of interests annually to the Chair of the Board of Directors. For each interest disclosed to the Chair, the Chair will det ermine whether to (a) take no action, (b) assure full disclosure to the Board of Directors and other individuals covered by this policy, (c) ask the person to recuse from participation in related Association discussions or decisions, or (d) ask the person to resign from the Association position, or, if the person refuses to resign, become subject to possible removal in accordance with removal procedures in the Association Bylaws. The President and CEO and CFO monitor proposed or ongoing transactions for conflicts of interest and disclose them to the Chair in order to deal with potential or actual conflicts, whether discovered
Form 990, Part VI, Section B, Line 15	The NRA Compensation Committee meets three times a year to review compensation. The Commit tee reviews and approves the compensation of the Chief Executive Officer, and reviews the compensation of her direct reports. An outside consultant is engaged to review compensation in data with comparable organizations. This process was undertaken in 2013 for these office rs.
Form 990, Part VI, Section C, Line 19	The NRA makes all of its documents available for public disclosure upon written request at its office in Chicago. The financial statements are also available for public inspection upon written request.

DLN: 93493318080974

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

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

Name of the organization NATIONAL RESTAURANT ASSOCIATION **Employer identification number**

36-1525480

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) National Restaurant Association Solutions LLC 175 W Jackson Blvd Suite 1500 Chicago, IL 60604 20-4495726	Creation, production and sale of training materials	IL	66,699,084	43,009,505	5 National Restaurant Association	on .	
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		the organization a	nswered "Yes"	on Form 990, Pa	irt IV, line 34 because i	t had on	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity s (if section 501(d		Section (13) co ent	ntrolle ity?
(1) National Restaurant Association Educational Foundation 2055 L Street NW Washington, DC 20036	Enhancing the industry's service to public education, community, promotion of career opportunities	IL	501(c)(3)	11a	NRA	Yes Yes	No
36-6103388 (2) National Restaurant Association Military Foundation	Educational opportunities fo		501(c)(3)	11a	NRA	Yes	
2055 L Street NW Washington, DC 20036	US Armed Forces members serving in hospitality assignme						
32-0376712							

Part III Identification of Related Organization because it had one or more related to the control of the contro							ation ans	wered "Ye	s" on	Form	990, Pa	rt I\	∕, lın	e 34	
(a) Name, address, and EIN of related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	entity	(e) Predom g income(n unrela excludec tax ur sections	inant elated, ted, I from ider 512-	(f) Share of total income	(g) Share of e end-of-year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		managing partner?		(k) ercentage ownership
						,			Yes	No			Yes	No	
Part IV Identification of Related Organic line 34 because it had one or m									wered	d "Yes	s" on For	m 9	90, F	art I'	V ,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domici (state or fo country	e oreign	Dir	(d) ect controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total Income		(g) e of end- year assets		(h) rcenta wnersh		CC CC	(i) etion 512 b)(13) entrolled entity?
(1) NRA Political Action Committee	Lobbying for the NRA	IL		N/A		С					0	%		Ye	No No
2055 L Street NW Washington, DC 20036 52-1220888															
(2) National Restaurant Association Services Inc 175 W Jackson Blvd Suite 1500 Chicago, IL 60604 27-3152775	Marketing services	IL.		Res	ional taurant ociation	С		-1,310		27,8	397 10	00 %		Ye	s

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No						
b	b Gift, grant, or capital contribution to related organization(s)												
c	c Gift, grant, or capital contribution from related organization(s)												
d	d Loans or loan guarantees to or for related organization(s)												
e	e Loans or loan guarantees by related organization(s)												
f	f Dividends from related organization(s)												
g	a distribution of game and the second of game and												
h	Purchase of assets from related organization(s)				1h		No						
i	Exchange of assets with related organization(s)				1 i		No						
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		No						
-													
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No						
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes							
	m Performance of services or membership or fundraising solicitations by related organization(s)												
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes							
	Sharing of paid employees with related organization(s)				10		No						
р	Reimbursement paid to related organization(s) for expenses				1 p		No						
	Reimbursement paid by related organization(s) for expenses				1q	Yes							
-													
r	Other transfer of cash or property to related organization(s)				1r	Yes							
s	Other transfer of cash or property from related organization(s)				1s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved							
ee A	ditional Data Table												

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

revenue) that was not a related organization. See instructions i															
(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)	section 501(c)(3) organizations?		(f) (g) Share of total end-of-year assets				(h) Disproprtionate allocations?		(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1			
													_		
			<u> </u>				l					<u> </u>			

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Additional Data

Software ID: 13000241

Software Version: v1.00

EIN: 36-1525480

Name: NATIONAL RESTAURANT ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

Torni 550, Schedale ig Fart V Transactions with Related organizations			
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
National Restaurant Association Educational Foundation	I	1,012,767	A greement
National Restaurant Association Educational Foundation	n	159,627	A greement
National Restaurant Association Educational Foundation	q	1,907,222	FMV
National Restaurant Association Educational Foundation	r	3,394,015	Contract
National Restaurant Association Educational Foundation	g	2,475,973	Contract
National Restaurant Association Military Foundation	b	75,000	FMV
National Restaurant Association Educational Foundation	b	130,000	FMV
National Restaurant Association Military Foundation	I	75,000	A greement
National Restaurant Association Military Foundation	q	24,313	FMV