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DLN: 93493317091865

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe	2014 ca	alendar year, or tax year beginning (01-01-2014 , and ending 12-31-2	014		
B Che	eck ıf a	pplicable	C Name of organization National Restaurant Association			D Emplo	yer identification number
☐ Add	ress ch	nange				36-15	25480
┌ Nai	me cha	nge	Doing business as				
┌ Init	ıal retu	m				E Talanka	
Fin	al			l is not delivered to street address) Room	/suite	E Telepho	one number
reti	urn/terr	mınated	2055 L Street NW Suite 700			(202)	331-5900
☐ Am	ended	return	City or town, state or province, country	y, and ZIP or foreign postal code			
☐ App	lication	n pendin	Washington, DC 200364957			G Gross re	eceipts \$ 103,938,644
			F Name and address of princ	ıpal officer	H(a) I	s this a group	return for
			Dawn M Sweeney			ubordinates?	r Yes r No
			2055 L Street NW Suite 700		11/15		
			Washington, DC 20036			re all subordii icluded?	nates
I Ta	x-exen	npt statu	ıs	sert no)			a list (see instructions)
J W	ebsite	e: ⊧ - w	ww restaurant org		–	Group exempt	ion number 🌬
		_	on Corporation Trust Association	Other 🟲	L Year	of formation 19	39 M State of legal domicile IL
Ра	rt I		mmary				
Governance	-	The Na advoca	describe the organization's mission itional Restaurant Association creater and education. We conduct rese king opportunities for the industry	tes value for the foodservice indus	,	•	•
š] , ;	Chack	this boy b . If the organization dies	continued its operations or dispose	d of more th	an 2 E 0/2 of the	not posets
		Check	this box 🔭 if the organization disc	continued its operations of dispose	a of more th	an 25% or its	net assets
නර ග	3	Numbe	r of voting members of the governin	g body (Part VI, line 1a)			 3 71
Activities &	l		r of independent voting members of				4 71
琶	5	Total n	umber of individuals employed in ca	alendar year 2014 (Part V, line 2a)			5 226
đ	6	Total n	umber of volunteers (estimate if ne	cessary)			6 71
	7a ⁻	Total u	nrelated business revenue from Par	t VIII, column (C), line 12			7a 1,374,727
	ь	Net un	related business taxable income fro	m Form 990-T, line 34			7b 0
						Prior Year	Current Year
a.	8	Cont	ributions and grants (Part VIII, line	e1h)		3,220,1	171 2,827,054
	9	Prog	ram service revenue (Part VIII, line	e 2g)		28,797,8	28,187,893
Rayenue	10		stment income (Part VIII, column (·	1,067,0	
-	11		er revenue (Part VIII, column (A), lı			38,213,7	795 47,264,846
	12		revenue—add lines 8 through 11 (71,298,8	79,907,305
	13		its and similar amounts paid (Part I)			846,7	
	14		efits paid to or for members (Part IX				0 0
	15	Sala	ries, other compensation, employee	benefits (Part IX, column (A), line	s	30,666,2	231 33,531,969
8		5-1	,				
Expenses	16a		essional fundraising fees (Part IX, c		•		0 0
五	b	Total	fundraising expenses (Part IX, column (D),	line 25) ▶ 0	-		
_	17	Othe	er expenses (Part IX, column (A), lır	nes 11a-11d, 11f-24e)		39,480,4	45,006,509
	18	Tota	l expenses Add lines 13–17 (must	equal Part IX, column (A), line 25)	70,993,5	79,867,403
	19	Reve	enue less expenses Subtract line 1	8 from line 12		305,3	39,902
ভূত					Begin	ning of Curre	nt End of Year
See See	20	Toto	l assets (Part X, line 16)			Year 78,280,2	79 407 624
Net Assets or Fund Balances	21		I liabilities (Part X, line 26)			32,828,3	
2000年	22		assets or fund balances Subtract III			45,451,9	
			nature Block	110 21 110 111 1110 20 1 1 1 1	<u> </u>	13,131,3	13,112,110
my ki prepa	nowled arer ha	dge and	f perjury, I declare that I have exand belief, it is true, correct, and comp knowledge				
Here	е		RVIN IRBY CFO				
		Ту	pe or print name and title		Ta .		
			Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	PTIN
Paid			Firm's name 🕨			Firm's EIN	
	pare		Firm's address 🕨			Phone no	
Use	On	ly	. iiii 5 daaress F			THORIC HO	

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

Form	990 (2014	4)							Page :
Par		atement of Prog							
	Ch	eck if Schedule Occ	ntains a resp	onse or note t	o any line in this Pa	rt III			
1	Briefly de	scribe the organizat	ion's mission						
<u>To le</u>	ad America	a's restaurant indust	ry into a new	era of prosper	ity, prominence, an	d participation,	enhancing the qua	lity of life for all we	serve
2		ganızatıon undertakı Form 990 or 990-EZ		int program se		ear which were	not listed on	ΓYes Γ No	o
	If "Yes," o	describe these new s	ervices on Sc	:hedule O					
3	Did the or services?	ganızatıon cease co		nake sıgnıfıcar	nt changes in how it	conducts, any	program	┌ Yes ┌ N	0
	If "Yes," o	describe these chan	ges on Schedu	ıle O					
4	expenses	the organization's pr Section 501(c)(3) expenses, and reven	and 501(c)(4) organization:	s are required to rep				
4a	(Code) (Ex	penses \$		including grants of \$) (Revenue \$)	
		y training and other educ ,963 foodservice manage					ng employees in safe fo	od handling During 20)14, NR
4b	(Code) (Ex	penses \$		ıncludıng grants of \$) (Revenue \$)	
	restaurant specific issi	nt Relations and Commu industry Depending on t ue and works with gover s on various matters tha	he specific issue, nment agencies/	the NRA, along organizations to	with the State Restaura	nt Associations, de	velops an appropriate p	osition and response to	
	(Code) (Ex	penses \$		ıncludıng grants of \$) (Revenue \$)	
		de Show The 2014 Nati Juare feet, representing					the United States and 3	0 different countries, c	:overing
4d	O ther pr	ogram services (Des	scribe in Sche	dule O)					
	(Expense	es \$	0 ıncl	uding grants (of \$	0)(Reve	nue \$	0)	
4e	Total pro	gram service expens	ses 🕨	0	ı				

Part IV	Che	cklist	of Re	auired	Sche	dules
4:11.7.4	CHE	CRIISL	OI NO	:uun eu	SCIIC	uuics

			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)? $^{f g}$	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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^{*}	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		Νo
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 domestic 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 or for domestic individuals 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		Νo
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? If "Yes," complete Schedule N, Part II	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	厂_
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 123 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 if Schedule O contains a response or note to any line in this Part VI														.[▽
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Se	ction A. Governing Body and Management			
			Yes	No
1 a	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶IL			
18	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			
	Countyphoite CAnother's website K Unon request COther (explain in Schedule O)			

Own website Another's website Vupon 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, address, and telephone number of the person who possesses the organization's books and records ►Caelie Skalniak

175 West Jackson Blvd

Suite 1500

Chicago, IL 606042814 (312)715-6765

Form 990 (2014)	
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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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	7,807,190	0	2,071,581

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 103

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RR Donnelley -Chicago P O Box 93514 Chicago, IL 60673	Warehouse Services	1,889,787
GES- Chicago P O Box 96174 Chicago, IL 60693	Exposition Services	1,219,566
United Parcel Service Lockbox 577 Carol Stream, IL 60132	Shipping Services	1,008,695
ASGK Public Strategies LLC 730 N Franklin Street Suite 450 Chicago, IL 60654	Consulting	510,160
Electronic Knowledge Interchange 33 West Monroe Suite 1050 Chicago, IL 60603	IT Services	489,503
2 Total number of independent contractors (including but not limited to the \$100,000 of compensation from the organization \$57	nose listed above) who received more than	

\$100,000 of compensation from the organization ►57

Part V	/1111	Statement o						
		Check If Sched	ule O contains a respoi	nse or note to any lir T				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a	0				312-314
nts Ints	Ь	Membership du		0				
3ra not		Fundraising eve		335,000				
S, A	c			0				
Giff ilar	d		zations 1d					
ns,	e	Government grant	s (contributions) 1e	0				
ıtio er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,492,054				
년 된 등	g		ons included in lines	0				
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1 a - 1 f		2,827,054			
<u>0</u>	<u> </u>	Total: Add line.	314 11		_,,			
Ee	2a	Annual Trade Shov	N.	Business Code 541900	23,949,696	23,949,696	0	0
ever	Ь	Conference & Sem		813910	406,819	406,819	0	0
ਨ ਜ਼	_ c	SRA License reven		813910	287,620	0	0	287,620
7.	d	Membership Dues		813910	3,543,758	3,543,758	0	0
ૐ ⊊	e							
Program Serwoe Revenue	f	All other progra	am service revenue		0	0	0	0
š	g	Total. Add lines	s 2a-2f		28,187,893			
	3		ome (including dividen					244.054
	_	and other simil	aramounts)	🟲	814,351	0	0	814,351
	5		stment of tax-exempt bond	proceeds	4,784,490	0	1,362,685	3,421,805
		Royalties	(ı) Real	(II) Personal	.,,	-	_,,	-,,
	6a	Gross rents	386,309	0				
	ь	Less rental expenses	350,856	0				
	c	Rental income	35,453	0				
	d	or (loss) Net rental inco	me or (loss)		35,453	О	12,042	23,411
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	20,161,601	331,793				
	Ь	Less cost or other basis and	19,244,944	435,289				
	c	sales expenses Gaın or (loss)	916,657	-103,496				
	d		<u>(</u> ss)	·	813,161	o	0	813,161
	8a	Gross income f						
Other Revenue		Ψ	s,000 s reported on line 1c) ne 18					
Ā	<u> </u>	المناهم المناهم	penses b	250,920				
₹	C		(loss) from fundraising	196,019 events . -	54,901		0	54,901
		Gross income f	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		46,194,233				
	ь	Less cost of g	oods sold b	3,804,231				
	С		(loss) from sales of inv	entory	42,390,002	42,390,002	0	0
		Miscellaneous	s Revenue	Business Code				
	11a	-						
	b							
	°	All other resser						
	d e		ue s 11a-11d	🕨				
					0			
	12	Total revenue.	See Instructions .	🕨	79,907,305	70,290,275	1,374,727	5,415,249

Part IX Statement of Functional Expenses

	· / / / · · · / · · · · / · · · · · · ·				
	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, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,328,925			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,651,233			
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	17,162,392			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,269,513			
9	Other employee benefits	6,505,309			
10	Payroll taxes	1,943,522			
11	Fees for services (non-employees)				
а	Management				
b	Legal	639,810			
С	Accounting	111,689			
d	Lobbying	1,136,568			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	189,211			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,394,600			
12	Advertising and promotion	1,083,870			
13	Office expenses	4,198,034			
14	Information technology	1,248,289			
15	Royalties	3,885,645			
16	Occupancy	1,808,508			
17	Travel	2,122,857			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,508,109			
20	Interest	259,771			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,418,035			
23	Insurance	278,114			
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, taxes	765,037			
b	SRA Incentives	9,143,396			
c	Bad Debts	814,966			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	79,867,403	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	't X	Balance Sheet Check if Schedule O contains a response or note to any line in t	hic D	art Y			_
		eneck if Schedule o contains a response of note to any line in t	.1113 1 1		(A)		(B)
	1	Cash non interest hearing			Beginning of year 4,531,102		End of year 4,874,228
		Cash-non-interest-bearing			4,331,102		4,074,220
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1 277 501	3	2 105 710
	4	Accounts receivable, net		•	4,277,594	4	3,485,712
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L		5			
<i>1</i> A	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and $6000000000000000000000000000000000000$	outing employers		3		
ĕ						6	
Assets	7	Notes and loans receivable, net				7	
-	8	Inventories for sale or use			373,677	8	740,268
	9	Prepaid expenses and deferred charges			1,444,667	9	2,035,506
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	54,049,598			
	ь	Less accumulated depreciation	10b	12,848,142	42,727,683	10 c	41,201,456
	11	Investments—publicly traded securities			23,614,601	11	24,650,357
	12	Investments—other securities See Part IV, line 11		12	_		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,310,922	15	1,510,107
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			78,280,246	16	78,497,634
	17	Accounts payable and accrued expenses			11,516,004	17	13,162,574
	18	Grants payable				18	
	19	Deferred revenue			8,574,169	19	9,414,077
	20	Tax-exempt bond liabilities				20	
ω.	21	Escrow or custodial account liability Complete Part IV of Sche	dule I	o		21	
Liabilities	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	ors, tr				
ар		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		11,529,130	23	9,968,540
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa					
		D		1,209,016		809,995	
	26	Total liabilities. Add lines 17 through 25			32,828,319	26	33,355,186
on do		Organizations that follow SFAS 117 (ASC 958), check here ► [lines 27 through 29, and lines 33 and 34.	⊽ and	complete			
ĕ	27	Unrestricted net assets			42,483,711	27	42,613,767
Fund Balance	28				2,968,216		2,528,681
<u> </u>	29	Temporarily restricted net assets			2,550,210	29	2,320,001
Ĭ	29	,				29	
正		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🏲	j and			
0 7	30	Capital stock or trust principal, or current funds	_			30	
Ğ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other f		·		32	
	33	Total net assets or fund balances		_	45,451,927	33	45,142,448
Net	34	Total liabilities and net assets/fund balances			78,280,246		78,497,634
		rotar napincies and net assets/fund palatices	•	• •	10,200,240	34	10,431,034

Pai	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		79,9	907,305
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,8	367,403
3	Revenue less expenses Subtract line 2 from line 1	3			39,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45,4	451,927
5	Net unrealized gains (losses) on investments	5		-3	349,381
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		45,1	142,448
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	wed 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 separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	he 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		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: 14000267 **Software Version:** v1.00

EIN: 36-1525480

Name: National Restaurant Association

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	ınless fficer 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 trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	related organizations
(1) Ken Conrad	5	x		х				0	0	0
Chair	4							_		
(1) John Crawford	5	х		х				0	0	0
Vice Chair (2) Joseph Kadow	5									
Treasurer	2	Х		Х				0	0	0
(3) Susan Adzıck	2	,								_
Director	0	Х						0	0	0
(4) Louis Basile	2	X						0	0	0
Director	0									
(5) Maribeth Bisienere	2	X						0	0	0
Director (6) Tom Boucher	0 2									
Director	0	Х						0	0	0
(7) Glenn Brady	2	,,								
Director	0	Х						0	0	0
(8) Richard Brennan	2	X						0	0	0
Director	0							-		
(9) John Campbell	2	X						0	0	0
Director (10) Scott Carlson	0 2									
Director	0	Х						0	0	0
(11) Mike Carney	2	,,								
Director	0	Х						0	0	0
(12) Brian Casey	2	l x						0	0	0
Director (13) Ed Choe	0									
	2	Х						0	0	0
Director (14) Steve Chucri	2									
Director	0	Х						0	0	0
(15) Tommy Cvitanovich	2	x						0	0	0
Director	0	^						Ů	0	, , , , , , , , , , , , , , , , , , ,
(16) Jeffery Davis	2	X						0	0	0
Director (17) Lorna Donatone	2									
Director	5	Х						0	0	0
(18) George Ebinger	2									
Director	0	X						0	0	0
(19) Joseph Essa	2	х						0	0	0
Director	0							Ů	Ŭ.	
(20) Atour Eyvazian	2	X						0	0	0
Director (21) Sam Facchini	0 2									
Director	2	х						0	0	0
(22) Don Fox	2									
Director	0	Х		L				0	0	0
(23) Philip Friedman	2	x						0	0	0
Director	0	<u> </u>						ľ		
(24) Susan Gambardella	2	x						0	0	0
Director	0	<u> </u>								<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (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 any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual or director Highest employe Former organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee trustae (26) David Goronkin 2 Χ 0 0 Director 0 (1) Dewey Guida 2 Χ 0 0 0 Director 0 (2) Des Hague 2 Χ 0 0 0 (3) Thomas Hester 2 0 0 0 Х Director 0 (4) Geoff Hetrick 2 Х 0 0 0 Director (5) Michael Hickey 2 0 0 0 (6) Geoff Hill 2 Χ 0 0 0 Director (7) Steve Hilton 2 Х 0 0 0 Director (8) Jim Hopper 2 Χ 0 0 0 Director 0 (9) Maureen Hurley 2 Χ 0 0 0 (10) Elizabeth Ingram 2 Х 0 0 0 0 Director 2 Χ 0 0 0 Director 0 (12) Lyndon Johnson 2 0 0 2 (13) Richard Joseph 0 0 0 Х (14) Bill Kohl 2 Χ 0 0 0 Director 0 (15) Victor Lim 2 Χ 0 0 0 2 (16) Jeff Lobdell Χ 0 0 0 (17) Karen Luey 2 Х 0 0 0 Director 0 (18) Ivan Matsunaga 2 Χ 0 0 0 0 (19) Bob Mcadam 2 0 0 Χ 0 (20) Lisa Mceuen 2 0 0 0 Χ 0 Director (21) Matt Mcmahon 2 0 0 0 Χ 2 (22) Peter Meersman Χ 0 0

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(23) Jeffrey Messinger

(24) John Jr Metz

Director

Director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (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 any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual or director Highest employe Former organizations related Institutional Trustee below emplo)ee organizations dotted line) t compensated ee trustae (51) Brian Moore 2 Χ 0 0 Director 0 (1) Chris O'Herlihy 2 Χ 0 0 0 Director 0 (2) Raphael Oliver 2 Χ 0 0 0 (3) Michael Osborn 2 0 0 0 Х Director 0 (4) Ed Pfannmuller 2 Х 0 0 0 Director (5) Frank Puleo 2 0 0 0 (6) Mike Rastrelli 2 Χ 0 0 0 (7) Scott Redler 2 Х 0 0 0 Director (8) Craig Reed 2 Χ 0 0 0 Director 0 (9) Richard Roman 2 Χ 0 0 0 Director (10) Casey Ryan 2 Х 0 0 0 0 Director (11) Timothy Ryan 2 Χ 0 0 0 Director (12) Kevin Settles 2 0 0 (13) Billy Sewell 2 0 0 0 Х (14) Bahjat Shariff 2 Χ 0 0 0 Director 0 (15) Carl Sobocinski 2 Χ 0 0 0 0 2 (16) Bret Stewart Χ 0 0 0 (17) Jay Stieber 2 Х 0 0 0 Director 0 (18) David Stockman 2 Χ 0 0 0 0 (19) Wes Stouder 2 0 0 Χ 0 0 (20) Joseph Taylor 2 0 0 0 Χ Director (21) Fred Thımm 2 0 0 0 Χ 2 (22) Clarice Turner Χ 0 0 0 (23) Kellı Valade 2

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Director

Director

(24) Robert Wong

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

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VP, Industry Affairs and Food Policy

Compensated Employees, and Independent Contractors (A) (B) (D) (C) (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 any hours and a director/trustee) organization (Wfrom the organizations (Wfor related 2/1099-MISC) 2/1099-MISC) organization and Former Individual trustee or director <u>₽</u> Highest compensated employee Key employee Institutional Trustee organizations related below organizations dotted line) (76) Dawn M Sweeney 40 Х 0 2,895,890 989,310 President and CEO 0 (1) Marvin Franklin Irby 40 Х 588,489 0 232,782 CAO and CFO 0 (2) John Scott DeFife 40 Х 0 79,818 635,973 Executive VP, Policy and Government Affairs 0 (3) Robert Alan Gifford 20 Х 471,172 0 61,959 EVP, Strategy Operations and Philanthropy 20 (4) Mary Pat Heftman 40 Х 447,625 0 182,273 EVP. Convention and Strategic Alliances 0 (5) David Matthews 40 Х 324,931 0 75,368 SVP, General Counsel 0 (6) Sherman L Brown 40 Х 274,248 0 80,935 SVP, ServSafe Business and Financial Strategy 0 (7) Phillip M Kafarakis 40 Х 0 327,614 Chief Innovation and Member Advancement Officer 0 (8) Edward Beck 40 Х 257,987 0 63,487 Chief Information Officer and SVP of Technology 0 (9) Dawn Marie Cacciotti 40 Х 185,089 0 11,215 SVP, Human Resources 0 (10) James Balda 40 Х 0 366,997 43,675 SVP, Innovation and Business Development 0 (11) Susan H Robusto 40 Χ 273,397 0 75,909 SVP, Public Affairs and Communications 0 (12) Hudson Riehle 40 Х 281,992 0 79,736 Senior Vice President Research and Knowledge 0 (13) Angelo Amador 40 0 Х 237,119 29,130 VP, Labor and Workforce Policy 0 (14) Joan Rector McGlockton 40 Х 238,667 0 65,984

DLN: 93493317091865

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

Open to Public **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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** National Restaurant Association

				36-152548						
Par	I-A Complete if the or	ganization is exempt under s	ection 501(c	c) or is a section 52	7 organization.					
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaıgn actı	vities in Part IV						
2	Political expenditures			F	\$					
3	Volunteer hours									
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).						
1	Enter the amount of any excis	e tax incurred by the organization und	er section 4955	▶	\$					
2	Enter the amount of any excis	e tax incurred by organization manage	rs under section	4955 ▶	\$					
3	If the organization incurred a	section 4955 tax, did it file Form 472	o for this year?		☐ Yes ☐ No					
4 a	Was a correction made?				┌ Yes ┌ No					
b	If "Yes," describe in Part IV									
Par	I-C Complete if the or	ganization is exempt under s	ection 501(c), except section 5	01(c)(3).					
1	Enter the amount directly exp	ended by the filing organization for sec	tion 527 exemp	t function activities 🕨	\$					
2	Enter the amount of the filing exempt function activities	organızatıon's funds contrıbuted to oth	ier organizations	for section 527	\$					
3	Total exempt function expend	itures Add lines 1 and 2 Enter here a	nd on Form 1120	O-POL, line 17b	\$					
4	Did the filing organization file	Form 1120-POL for this year?			Yes No					
5	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.									
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received					
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990-	EZ. C	at No 50084S Schedule C	(Form 990 or 990-EZ) 2014					

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2			
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768				
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,			
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)						
c	Total lobbying expenditures (add lines 1a and 1b	o)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax							
	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 \$500,00	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	00					
	Over \$17,000,000	Over \$17,000,000 \$1,000,000							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)							
h	Subtract line 1g from line 1a If zero or less, ente	er-0-							
i	Subtract line 1f from line 1c If zero or less, ente	ır -0-							
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No			
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five			
	Lobbying Expe	enditures During	4-Year Avera	ging Period					
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total			
2a	Lobbying nontaxable amount								
ь	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

Pa	rt II-B Complete if the organization is e filed Form 5768 (election under	exempt under section 501(c)(3) and has I section 501(h)).	ТОИ				
For e	each "Yes" response to lines 1a through 1i below, provide		(a	1)	(b)	
activ		m rune iv a decaned description of the lobbying	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to legislation, including any attempt to influence public through the use of Volunteers?		ĺ				
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?						_
e	Publications, or published or broadcast statements?	,					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, governm	ent officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, spe Other activities?	eches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i		_				
2a b	Did the activities in line 1 cause the organization to If "Yes," enter the amount of any tax incurred under	<u> </u>					
c	If "Yes," enter the amount of any tax incurred by org	janization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax	, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is e 501(c)(6).	exempt under section 501(c)(4), section 5	501(c))(5), c	r sec	tion	
					Y	es N	ю
1	Were substantially all (90% or more) dues received			L	1 Y	es	
2	Did the organization make only in-house lobbying ex				2		Ιo
3	Did the organization agree to carry over lobbying an				3		Ю
Par		exempt under section 501(c)(4), section 5 Part III-A, lines 1 and 2, are answered "					,
1	Dues, assessments and similar amounts from memb	pers	1				
2	Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid						
a	,		2a				_
D	Carryover from last year		2b				_
c	Total) nations of nandadisability continue 162(a) disc	2c				_
3	Aggregate amount reported in section 6033(e)(1)(A		3				_
4	If notices were sent and the amount on line 2c exce does the organization agree to carryover to the reas political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditure	es (see instructions)	5				_
Pa	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line 1, Pai (see instructions), and Part II-B, line 1 Also, complete		ıp lıst),	Part II	-A , line	s 1 an	d
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493317091865

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public Inspection

	me of the organization		Employer identification number
Nat	cional Restaurant Association		36-1525480
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
2	Aggregate value of contributions to (during year)		
}	Aggregate value of grants from (during year)		
ŀ	Aggregate value at end of year		
•	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or donor advisor, or for ar	y other purpose Yes No
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.
-	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space	or education) Preservation of an Preservation of a c	historically important land area sertified historic structure
<u> </u>	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	i qualified conservation contribution in t T	
_	Total number of conservation easements	}	Held at the End of the Year
a b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified histo	ric structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	` '	2d
3	Number of conservation easements modified, transferr	ــ ed. released. extinguished. or terminate	d by the organization during
	the tax year -	,,,	,
	,		
ļ :	Number of states where property subject to conservation Does the organization have a written policy regarding to		— Upg of violations, and
,	enforcement of the conservation easements it holds?		☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation easem	nents during the year
,	A mount of expenses incurred in monitoring, inspecting \$\blue{\text{\tinx{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\texi{\text{\texi}\text{\text{\text{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\texi}\texi{\texi{\texi\tinte\tint{\tiint{\texi{\texi{\texi{\texi	, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, education, o	
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		- \$

Part	Organizations Maintaining Co	llections of Art,	, His	tori	<u>cal Tr</u>	eası	<u>ires, or O</u>	the	<u>r Símilar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, cl	neck a			-		significant use	ofits	
a	Public exhibition		d	Γ	Loan	orexo	:hange progr	ams			
b	Scholarly research		е	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w they	/ furthe	er the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit of									_	_
Do	assets to be sold to raise funds rather than t									┌ Yes	☐ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	ז ג	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able						
									An	nount	
C	Beginning balance							1 c			
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	21,	for es	crow o	rcust	odial accour	nt Iıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatıd	on has	been	provided in P	art :	×III		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior y				_	Three years back	(e)Four	years back
1a	Beginning of year balance	12,159,683			753,556		10,053,397	├	10,036,613		8,756,482
Ь	Contributions	206,700			545,791		128,500		129,500		138,375
С	Net investment earnings, gains, and losses	482,932		1,	177,908		925,817		249,595		1,211,374
d	Grants or scholarships	307,500		:	147,500		197,945		206,472		69,618
e	Other expenditures for facilities and programs	0			0		0		0		0
f	Administrative expenses	102,391			170,072		156,213	-	155,839		135,883
g	End of year balance	12,439,424		12,	159,683		10,753,556		10,053,397		9,900,730
2	Provide the estimated percentage of the cur	rent year end balanc	e (lır	ne 1g,	colum	n (a))	held as				
а	Board designated or quasi-endowment ►	0 %									
b	Permanent endowment ► 71 %										
c	Temporarily restricted endowment ► 2 The percentages in lines 2a, 2b, and 2c sho	9 % uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held	danda	admınıstered	lfor	the		
	organization by									Yes	+
	(i) unrelated organizations(ii) related organizations		•			•		•	3a(No
ь	If "Yes" to 3a(II), are the related organization							• •	<u> 34(</u>		+
4	Describe in Part XIII the intended uses of the	•				-		-		1	<u> </u>
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line		he o	rgan	ızatıor	n ans	wered 'Yes	' to	Form 990, Pa	art IV, l	ine
	Description of property				Cost or s (invest		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land					0		0		1	0
b	Buildings					0	30,545,	820	1,460,89	6	29,084,924
	Leasehold improvements					0	1,791		1,363,80	+	428,049
d	Equipment					0	21,711,	927	10,023,44	4	11,688,483
e	Other		<u>. </u>			0		0		0	0
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	ζ, colι	ımn (E	3), line	10(c).)		🕨		41,201,456
									Schedule [Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	h		
Part VIII Investments—Program Related. Co.		<u> </u>	rm 990. Part IV. line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
		Cost of end-of-year f	narket varde
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See F	
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	<u> </u>		
Part X Other Liabilities. Complete if the organ	nızatıon answered 'Yes' t	o Form 990, Part IV, lı	ne 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
	סטא value (ש)		
Federal income taxes	05.00		
Interest-rate swap agreement	85,824		
Deferred rent liability and other leasing obligation	724,171		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	809,995	h	

Par		evenue per Audited Financial Statements With Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1	<u>-</u>	er support per audited financial statements	1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of f	acılıtıes		
c		s		
d				
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4		0, Part VIII, line 12, but not on line 1		
а		uded on Form 990, Part VIII, line 7b . 4a		
b	•	4b		
c			4c	
5		d 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of E	xpenses per Audited Financial Statements With Expenses		Return. Complete
		swered 'Yes' to Form 990, Part IV, line 12a.		T
1		r audited financial statements	1	
2		it not on Form 990, Part IX, line 25		
a		acilities	_	
b	· -		_	
c			-	
d			┨ _	
e	Add lines 2a through 2d		2e	
3			3	
4		0, Part IX, line 25, but not on line 1:		
а		uded on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII)		1	
С	Add lines 4a and 4b		4c	
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Inf			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		le any additional
	Return Reference	Explanation		
Sched	ule 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		
Sched	ule D, Part X, Line 2	The Organization is subject to income tax on any unrelated business incomed to 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 incomparison of the potential sources of unrelated for unrelated business incomparison of the potential sources.	addre	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

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493317091865

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

me of the organization tional Restaurant Association					Employer ider	itification number				
tional Restaurant Association	I				36-1525480					
rt I Fundraising Activ			ganızatıc	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E				
Indicate whether the organ	•	-	nv of the	following activities. Che	eck all that apply					
Mail solicitations			-		• • •					
Internet and email soli	citations	e								
Phone solicitations			a	Special fundraisin						
In-person solicitations	;		9	, opecial fanaraism	gevenes					
Did the organization have a or key employees listed in						Г _{Yes} Г				
If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con) Did ser have ody or trol of outions?	(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							
al			▶							
List all states in which the registration or licensing	organization is regis	tered or lı	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			
			(a) Event #1 Marriott Golf Classic	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	
₹	1	Gross receipts	585,920			585,920
Revenue	2	Less Contributions	335,000			335,000
<u>~</u>	3	Gross income (line 1 minus line 2)	250,920			250,920
	4	Cash prizes				0
ω.	5	Noncash prizes				0
je L	6	Rent/facility costs	189,210			189,210
Expenses	7	Food and beverages .	3,362	2	0	3,362
Dreat -	8	Entertainment	598	3	0	598
Ē	9	Other direct expenses .	2,850	D .		2,850
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(196,020)
	11	Net income summary Subtract li	-			54,900
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, lii	ne 6a.	Γ	<u></u>	1
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		┌ Yes %	│ Yes % % No	
	7	Direct expense summary Add line	s 2 through 5 ın 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 conducts gaming ac	ctivities		
а		the organization licensed to conduct				. Fyes FNo
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain			the tax year?	· · 「Yes 「No

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	, , , ,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
c	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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DLN: 93493317091865

OMB No 1545-0047

2014

(Form 990)

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

		Comple	te if the organization a	nswered "Yes." to Form	990, Part IV, line 21 or	22.	4	
Department of the Treasury Internal Revenue Service		oen to Public Inspection						
Name of the organization				-			Employer identification	on number
National Restaurant Ass	ociation						36-1525480	
Part I General	<u>Information o</u>	n Grants and	l Assistance					
the selection crite	rıa used to award	the grants or as	sıstance?		e grantees' eligibility for 			▽ Yes ┌ N
					Governments. Com rt II can be duplicate			es" to
(a) Name and addres organization or government	ss of	(b) EIN	(c) IRC 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 gran or assistance
See Additional Data	Гable							

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

15

Schedule I (Form 990) 2014								
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.							
	Part III can be duplicated if additional space is needed.							

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Schedule I. Part I. Line 2	For restricted grants, the NRA requires grantees to submit detailed product status reports, as specified in each grant agreement

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 36-1525480

Name: National Restaurant Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Educational Foundation2055 L Street NW Suite 702 Washington, DC 20036	36-6103388	501(c)(3)	175,431	0	FMV	No	Contribution

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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 Foundation2055 W Street NW Suite 700 Washington,DC 20036	32-0376712	501(c)(3)	75,000	0	FMV	No	Contribution		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
Americans for Limited Government Foundation 10332 Mint Street Fairfax, VA 22031	52-2020468	501(c)(3)	75,000	0	FMV	No	Contribution		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
American Action Forum1747 Pennsylvania Ave NW 5th Floor Washington, DC 20006	27-0567765	501(c)(3)	50,000	0	FMV	No	General Spport		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(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	501(c)(3)	22,000	0	FMV		Leadership development	

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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 Legislatures7700 East First Place Denver,CO 80230	74-2232576	501(c)(3)	12,500	0	FMV	N o	Sponsorship				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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 Alliance901 E Street NW Suite 405 Washington, DC 20004	31-1581756	501(c)(3)	10,000	0	FMV	No :	Sponsorship					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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					
Alzheimers Association3701 Pender Drive Suite 400 Fairfax,VA 22030	52-1196162	501(c)(3)	10,000	0	FMV	No	Scholarship					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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 Foundation1640 Rhode Island Ave NW Washington, DC 20036	52-1481889	501(c)(3)	10,000	0	FM∨	No	Sponsorship					

Form 990, Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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						
The Culinary Institute of America1946 Campus Drive Hyde Park,NY 12538	06-0653264	501(c)(3)	10,000	0	FM∨	No	Sponsorship						

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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					
Mırıam's Kıtchen2401 Vırgınıa Ave NW Washıngton,DC 20037	52-1331552	501(c)(3)	10,000	0	FMV	No	Sponsorship					

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
Mount Vernon Ladies Association1250 Eye Street NW Suite 400 Washington,DC 20005	54-0564701	501(c)(3)	10,000	0	FMV	No	Sponsorship				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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				
State Legislative Leaders Foundation1645 Falmouth Road Bldg D Centerville, MA 02632	23-7148478	501(c)(3)	10,000	0	FMV		Annual advisory council support				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(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					
Bryce Harlow Foundation 1701 Pennsylvania Ave NW Suite 400 Washington, DC 20006	52-1266620	501(c)(3)	7,500	0	FMV	No	Contribution					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(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 Environmental Health Assoc720 S Colorado Blvd Suite 1000-N Denver,CO 80246	84-0469910	501(c)(3)	7,000	0	FMV		Educational Sponsorships				

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DLN: 93493317091865

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ 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

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec			2	V	
					Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	▼ Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	<u> - </u>	Compensation survey or study			
	Form 990 of other organizations	고	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions mu	ust complete 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," of			7		
8	Were any amounts reported in Form 990, Part VII, p	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	n 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 $4958-6(c)$?	e 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	(F) Compensation in
(A) Name and Title	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

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
Schedule J, Part I, Line 1a	The CEO is authorized to maintain two memberships in private clubs in Washington 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 1. Part I. Line 4	The CEO participates in a 457f plan

Schedule J (Form 990) 2014

Software ID: 14000267

Software Version: v1.00

EIN: 36-1525480

Name: National Restaurant Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of	fW-2 and/or1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990	
Dawn M Sweeney, President and CEO	(I) (II)		1,765,448 0	50,517 0	965,862 0	23,448 0	3,885,200 0	432,768 0	
Marvin Franklin Irby, CAO and CFO	(I) (II)		169,280 0	1,518 0	211,476 0	21,306 0	821,272 0	169,280 0	
2 John Scott DeFife, Executive VP, Policy and Government Affairs	(I) (II)		174,390 0	1,518 0	87,101 0	0	723,074 0	174,390 0	
3 Robert Alan Gifford, EVP, Strategy Operations and Philanthropy	(I) (II)		61,959 0	1,518 0	77,592 61,959	26,936 0	513,743 61,959		
4 Mary Pat Heftman, EVP, Convention and Strategic Alliances	(I) (II)	0	0	1,518 0	163,956 0	23,170 0	634,751 0	140,892 0	
5 David Matthews, SVP, General Counsel	(I) (II)		43,032 0	6,166 0	58,600 0	17,306 0	400,836 0	43,032 0	
6 Sherman L Brown, SVP, ServSafe Business and Financial Strategy	(I) (II)		37,911 0	949 0	50,431 0	30,505 0	355,185 0	0	
7 Phillip M Kafarakis, Chief Innovation and Member Advancement Officer	(I) (II)		32,084 0	2,838 0	74,971 0	30,813 0	433,398 0	0	
8 Edward Beck, Chief Information Officer and SVP of Technology	(I) (II)		22,137 0	967 0	34,090 0	30,813 0	322,890 0	22,137 0	
9 Dawn Marie Cacciotti, SVP, Human Resources	(I) (II)		32,562 0	850 0	11,054 0	4,981 0	201,124 0	22,700 0	
10 James Balda, SVP, Innovation and Business Development	(I) (II)		103,783 0	660 0	15,612 0	30,485 0	413,094 0	97,586 0	
11 Susan H Robusto, SVP, Public Affairs and Communications	(I) (II)		26,248 0	660 0	45,433 0	30,476 0	349,306 0	26,248 0	
12 Hudson Riehle, Senior Vice President Research and Knowledge	(I) (II)		22,800 0	4,356 0	49,240 0	30,496 0	361,727 0	22,800 0	
13 Angelo Amador, VP, Labor and Workforce Policy	(I) (II)		17,225 0	900	36,294 0	0	273,413 0	16,187 0	
14 Joan Rector McGlockton, VP, Industry Affairs and Food Policy	(I) (II)		17,838 0	2,578 0	35,222 0	30,762 0	304,652 0	16,178 0	

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493317091865

OMB No 1545-0047

2014

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Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
National Restaurant Association

8 Employer identification number
36-1525480

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 71 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 2014 Form 990 was sidestributed to and reviewed by this leadership group 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 2014 for these office rs.
Form 990, Part VI, Section C, Line 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request for the same period of disclosure set for th in IRC Section 6104(d)

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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.

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

DLN: 93493317091865OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization National Restaurant Association Employer identification number

36-1525480

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

Tart 2								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
(1) National Restaurant Association Solutions LLC 175 W Jackson Blvd Suite 1500 Chicago, IL 60604 20-4495726	Creation, production and sale of training materials	IL	75,126,525	18,150,607	National Restaurant Association			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No
(1) National Restaurant Association Educational Foundation 2055 L Street NW Washington, DC 20036 36-6103388	Enhancing the industry's service to public education, community, promotion of career opportunities	IL	501(c)(3)	Line 11a, I	NRA	Yes	
(2) National Restaurant Association Military Foundation 2055 L Street NW Washington, DC 20036 32-0376712	Educational opportunities for US Armed Forces members serving in hospitality assignme	DE	501(c)(3)	Line 7	NRA	Yes	
(3) NRA Political Action Committee 2055 L Street NW Washington, DC 20036 52-1220888	Lobbying for the NRA	IL.	527		N/A		No

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

		_									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h		(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	General	or Percenta
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	managır	g owners
		(state or	entity	unrelated,		assets			20 of	partner	?
		foreign		excluded from					Schedule K-1		
		country)		tax under					(Form 1065)		
				sections 512-							
				514)							
				,			Yes	No		Yes N	o
			_			_					

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)				(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
								Yes	No
(1) National Restaurant Association Services LLC 175 W Jackson Blvd Suite 1500 Chicago, IL 60604 27-3152775	Marketing services	IL	National Restaurant Association	С	-1,339	27,132	100 %	Yes	

Sched	uie K (Form 990) 2014					Pa	ge 3
Par	t V	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, lın	e 34, 35b, or 36.			
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Du	ring th	e tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?	?			
а	Receip	ot of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	.a		No
b	Gıft, g	rant, or capital contribution to related organization(s)			1	ь	Yes	
c	Gıft, gı	rant, or capital contribution from related organization(s)			1	.c		No
d	Loans	or loan guarantees to or for related organization(s)			1	d		No
e	Loans	or loan guarantees by related organization(s)			1	e		No
f	Divide	nds from related organization(s)			1	.f		No
g	Sale o	f assets to related organization(s)			1	g		No
h		ase of assets from related organization(s)			1	h		No
i		nge of assets with related organization(s)			1	Li		No
		of facilities, equipment, or other assets to related organization(s)			1	.j		No
-								
k	Lease	of facilities, equipment, or other assets from related organization(s)			1	.k		No
		nance of services or membership or fundraising solicitations for related organization(s)			1	ıı İ	Yes	
m	Perforr	nance of services or membership or fundraising solicitations by related organization(s)			1	.m		No
n	Sharıng	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1	ln		No
o	Sharın	g of paid employees with related organization(s)			1	.0		No
р	Reımb	ursement paid to related organization(s) for expenses			1	p		No
q	Reımb	ursement paid by related organization(s) for expenses			1	q	Yes	
r	Other	transfer of cash or property to related organization(s)			1	.r	Yes	
s	Other	transfer of cash or property from related organization(s)			1	.s		No
2	If the a	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 amour	nt inv	olved	
See Ad	ditional	Data Table						

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .	<u> </u>							

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 36-1525480

Name: National Restaurant Association

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
National Restaurant Association Educational Foundation	b	175,431	FMV
National Restaurant Association Military Foundation	b	75,000	FMV
National Restaurant Association Educational Foundation	l	1,020,000	Agreement
National Restaurant Association Military Foundation	l	75,000	Agreement
National Restaurant Association Educational Foundation	q	2,179,632	FMV
National Restaurant Association Military Foundation	q	57,695	FMV
National Restaurant Association Educational Foundation	r	3,885,645	Contract