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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Doing business as
NACS

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1600 DUKE STREET NO 7TH FL

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 223143436

D Employer identification number
95-2237749

E Telephone number
(703) 518-4225

G Gross receipts $ 52,067,501

F Name and address of principal officer
HENRY O ARMOUR
1600 DUKE STREET NO 7TH FL
ALEXANDRIA, VA 223143436

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NACSONLINE COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961 **M** State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO SERVE AS AN ADVOCATE FOR THE CONVENIENCE RETAILING INDUSTRY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	77
6	Total number of volunteers (estimate if necessary)	6	146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,159,517
b	Net unrelated business taxable income from Form 990-T, line 34	7b	17,554

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	34,090,409	38,537,798
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,196,507	2,167,525
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-633,734	-619,843
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,653,182	40,085,480
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	216,000	216,200
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,891,195	15,913,857
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,502,317	21,780,686
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,609,512	37,910,743
	19	Revenue less expenses Subtract line 18 from line 12	1,043,670	2,174,737

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	60,475,847	63,394,963
	21	Total liabilities (Part X, line 26)	11,661,936	12,362,280
	22	Net assets or fund balances Subtract line 21 from line 20	48,813,911	51,032,683

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2018-11-13
Signature of officer Date

HENRY O ARMOUR PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FREDERICK LONGWOOD	FREDERICK LONGWOOD			P00439715

Firm's name ▶ TATE AND TRYON | Firm's EIN ▶ 52-1855942
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036 | Phone no (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF NACS IS TO REPRESENT THE CONVENIENCE AND PETROLEUM RETAILING INDUSTRY AND TO PROVIDE THE KNOWLEDGE, CONNECTIONS, AND ADVOCACY NECESSARY TO ASSIST OUR MEMBERS IN MAXIMIZING THEIR EFFECTIVENESS AND PROFITABILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer 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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	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		No
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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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	

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 . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 75			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 77			
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? . . .		**3a**	Yes	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶UK 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?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	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	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** 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				
a	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	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
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	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	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 . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 31		
	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	1b 30		
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			
a	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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

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

☐ Own website ☐ Another's website ☑ Upon 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
▶BRIAN KIMMEL 1600 DUKE STREET ALEXANDRIA, VA 223143436 (703) 684-3600

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

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) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	6,939,780	57,262	681,378

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 37

			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 J for such individual*	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

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

(A) Name and business address	(B) Description of services	(C) Compensation
STEPTOE & JOHNSON 1330 CONNECTICUT AVE NW WASHINGTON, DC 20036	LEGAL SERVICES	1,608,859
PENN SCHOEN & BERLAND ASSOC PO BOX 758827 BALTIMORE, MD 21275	PUBLIC AFFAIRS SERVICES	839,850
OTM PARTNERS LLC 5853 N WASHINGTON BLVD SUITE 6 ARLINGTON, VA 22205	GOVERNMENT RELATIONS SERVICES	834,006
FREEMAN AUDIO VISUAL PO BOX 650519 DALLAS, TX 75265	AUDIO VISUAL SERVICES	585,609
FREEMAN XP INC 350 RHODE ISLAND STREET SUITE 220N SAN FRANCISCO, CA 94103	PRODUCTION SERVICES	544,718

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 21

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a CONVENTIONS & EXPOS	900099	21,083,096	20,804,586	278,510	
	b ~~MEMBERSHIP DUES~~	900099	7,665,843	7,665,843		
	c ~~COMMITTEE REVENUE~~	900099	5,863,748	5,863,748		
	d ~~ASSOCIATION ADMINISTRATION~~	900099	2,044,104	2,044,104		
	e ~~PUBLICATIONS~~	511120	1,881,007		1,881,007	
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		38,537,798			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		983,629			983,629
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		31,870			31,870
		(i) Real / (ii) Personal				
	6a Gross rents	1,478,131 /				
	b Less rental expenses	2,129,844 /				
	c Rental income or (loss)	-651,713 /				
	d Net rental income or (loss) ▶		-651,713			-651,713
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	11,036,073 /				
	b Less cost or other basis and sales expenses	9,852,177 /				
	c Gain or (loss)	1,183,896 /				
	d Net gain or (loss) ▶		1,183,896			1,183,896
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See Instructions ▶		40,085,480	36,378,281	2,159,517	1,547,682

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	216,200			
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,465,133			
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	7,364,283			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	501,537			
9 Other employee benefits	747,622			
10 Payroll taxes	835,282			
11 Fees for services (non-employees)				
a Management	158,785			
b Legal	486,718			
c Accounting	65,250			
d Lobbying	2,644,801			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	161,549			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,478,354			
12 Advertising and promotion	641,104			
13 Office expenses	1,044,107			
14 Information technology	1,231,415			
15 Royalties . .				
16 Occupancy	30,044			
17 Travel	3,104,075			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	4,733,799			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	111,259			
23 Insurance . . .	102,194			
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)				
a UBIT	39,428			
b CONTRIBUTIONS	3,371,364			
c PRINTING/PUBLICATIONS	1,682,369			
d CREDIT CARD/BANK CHARGE	539,002			
e All other expenses	155,069			
25 **Total functional expenses.** Add lines 1 through 24e	37,910,743			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing		6,433,216	1	5,988,600
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		804,769	4	933,891
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		930,907	9	988,667
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,895,167			
	b	Less accumulated depreciation	10b 11,003,997	11,156,070	10c	10,891,170
	11	Investments—publicly traded securities		37,601,495	11	43,057,673
	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		3,549,390	15	1,534,962
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		60,475,847	16	63,394,963
Liabilities	17	Accounts payable and accrued expenses		6,853,951	17	6,782,987
	18	Grants payable			18	
	19	Deferred revenue		4,807,985	19	5,579,293
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		11,661,936	26	12,362,280
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		48,813,911	27	51,032,683
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		48,813,911	33	51,032,683
	34	Total liabilities and net assets/fund balances		60,475,847	34	63,394,963

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,085,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,910,743
3	Revenue less expenses Subtract line 2 from line 1	3	2,174,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,813,911
5	Net unrealized gains (losses) on investments	5	44,035
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	51,032,683

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 reviewed on a separate basis, consolidated basis, or both ☐ 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 ☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 95-2237749

Name: NATIONAL ASSOCIATION OF CONVENIENCE STORES

Form 990 (2017)

Form 990, Part III, Line 4a:

NACS HOLDS SEVERAL CONFERENCES AND EXHIBITS TO HELP ADVANCE THE CONVENIENCE STORE INDUSTRY THE NACS SHOW IS THE PREMIER EXPO AND CONVENTION FOR THE CONVENIENCE STORE AND FUELS MARKETING INDUSTRY, PRESENTING NUMEROUS EXHIBITS, WORKSHOPS, AND NETWORKING OPPORTUNITIES THE NACS STATE OF THE INDUSTRY SUMMIT PROVIDES AN OPPORTUNITY FOR ATTENDEES TO LEARN THE LATEST AND BEST OPERATIONAL AND FINANCIAL PERFORMANCE STRATEGIES OTHER CONFERENCES AND SEMINARS ARE HELD THROUGHOUT THE YEAR ON VARIOUS EDUCATIONAL TOPICS

Form 990, Part III, Line 4b:

NACS' GOVERNMENT RELATIONS DEPARTMENT REPRESENTS THE ADVOCACY ARM OF NACS, LOBBYING THE FEDERAL GOVERNMENT AND REGULATORY AGENCIES WITH REGARD TO ISSUES RELATED TO THE CONVENIENCE STORE AND PETROLEUM MARKETING INDUSTRY NACS ALSO CONDUCTS LEGISLATIVE SURVEYS, AND KEEPS MEMBERS AND OTHER INTERESTED PARTIES UPDATED ON IMPORTANT LEGISLATIVE ISSUES

Form 990, Part III, Line 4c:

NACS' MEMBER SERVICES SEGMENT REPRESENTS ACTIVITIES TO LEAD THE STRATEGIC DIRECTION OF MEMBERSHIP DEVELOPMENT, CUSTOMER INVOLVEMENT AND SATISFACTION, INDUSTRY IMAGE, AND THE IMPACT OF THESE ON INDUSTRY PERFORMANCE AND THE ADVANCEMENT OF THE CONVENIENCE STORE INDUSTRY

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

(Code) (Expenses $ including grants of $) (Revenue $)

NACS' RESEARCH AND TECHNOLOGY ACTIVITY REPRESENTS ACTIVITIES RELATED TO THE ONGOING COMPETITIVE VIABILITY OF THE CONVENIENCE STORE INDUSTRY PROJECTS INCLUDE INDUSTRY BENCHMARKS, TECHNOLOGY IMPLEMENTATIONS, PRODUCTS THAT ENHANCE THE EFFICIENCY OF CHANNEL OPERATIONS, CUSTOMER METRICS, AND CONSUMER SHOPPING BEHAVIOR

(Code) (Expenses $ including grants of $) (Revenue $)

INTERNATIONAL REPRESENTS ACTIVITIES THAT BENEFIT BOTH THE DOMESTIC AND INTERNATIONAL RETAILER AND SEEKS TO ENGAGE IN ACTIVITIES THAT LEAD THE ORGANIZATION TO UNDERSTAND THE GLOBAL MARKETPLACE AND ENABLE DISCOVERIES TO BE APPLIED IN CONVENIENCE STORES AROUND THE GLOBE

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 organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HENRY ARMOUR PRESIDENT & CEO	39 00 1 00	X		X				2,958,708	0	61,060
JOSEPH S SHEETZ CHAIRMAN (BEG 10/17), VICE CHAIR, TREAS (THRU 10/1	1 00 1 00	X		X				0	0	0
ARI N HASEOTES VICE CHAIRMAN	1 00 1 00	X		X				0	0	0
RICHARD PARRY VICE CHAIR (THRU 10/17), BOARD MEMBER (BEG 10/17)	1 00 1 00	X		X				0	0	0
KEVIN SMARTT VICE CHAIRMAN, RESEARCH	1 00 2 00	X		X				0	0	0
JULIE JACKOWSKI VICE CHAIRMAN, LEGISLATIVE	1 00 1 00	X		X				0	0	0
JARED SCHEELER VICE CHAIRMAN, MEMBER SERV	1 00 1 00	X		X				0	0	0
FRANK GLEESON VICE CHAIRMAN, TREASURER (BEG 10/17), VICE CHAIR,	1 00 1 00	X		X				0	0	0
WENDY CHRONISTER VICE CHAIRMAN, CONVENTION	1 00 1 00	X		X				0	0	0
RAHIM BUDHWANI PAST CHAIRMAN	1 00 1 00	X		X				0	0	0

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 organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JACK KOFDARALI PAST CHAIRMAN	1 00 2 00	X		X				0	0	0
STEPHEN D LOEHR PAST CHAIRMAN (THRU 10/17)	1 00 2 00	X		X				0	0	0
WILLIAM B KENT BOARD MEMBER	1 00 0 00	X						0	0	0
KEN PARENT BOARD MEMBER	1 00 0 00	X						0	0	0
JOSE VICTOR PARDO PATERNO BOARD MEMBER	1 00 0 00	X						0	0	0
DONALD RICHARD RHOADS BOARD MEMBER	1 00 0 00	X						0	0	0
STEPHEN CHRISTOPHER SPINKS BOARD MEMBER	1 00 0 00	X						0	0	0
LEOCADIO DE ALMEIDA ANTUNES FILHO BOARD MEMBER	1 00 0 00	X						0	0	0
CHRIS COBORN BOARD MEMBER	1 00 0 00	X						0	0	0
LISA DELL'ALBA BOARD MEMBER	1 00 0 00	X						0	0	0

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 organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BHAGDEEP S DHALIWAL BOARD MEMBER	1 00 0 00	X						0	0	0
CHRISTOPHER GHEYSENS BOARD MEMBER	1 00 0 00	X						0	0	0
BRIAN HANNASCH BOARD MEMBER	1 00 0 00	X						0	0	0
ANDY JONES BOARD MEMBER	1 00 0 00	X						0	0	0
ARTHUR STAWSKI SR BOARD MEMBER	1 00 0 00	X						0	0	0
GLENN M PLUMBY BOARD MEMBER	1 00 0 00	X						0	0	0
CHUCK MCDANIEL BOARD MEMBER	1 00 0 00	X						0	0	0
JOSEPH DEPINTO BOARD MEMBER (BEG 10/17)	1 00 0 00	X						0	0	0
CHUCK MAGGELET BOARD MEMBER (BEG 10/17)	1 00 0 00	X						0	0	0
CHARLES C MCILVAINE BOARD MEMBER (BEG 10/17)	1 00 0 00	X						0	0	0

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 organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIAM C MILAM III BOARD MEMBER (BEG 10/17)	1 00 0 00	X						0	0	0
RACHEL WALLIS-ANDREASSON BOARD MEMBER (BEG 10/17)	1 00 0 00	X						0	0	0
SAM HIRBOD BOARD MEMBER (THRU 10/17)	1 00 0 00	X						0	0	0
ANTHONY BARTYS BOARD MEMBER (THRU 10/17)	1 00 0 00	X						0	0	0
KYLE MCKEEN BOARD MEMBER (THRU 10/17)	1 00 0 00	X						0	0	0
ALLISON MORAN BOARD MEMBER (THRU 9/17)	1 00 0 00	X						0	0	0
LYLE BECKWITH SR VP, GOV'T RELATIONS	40 00 0 00				X			688,238	0	53,138
BRIAN KIMMEL SR VP, & CFO, FINANCE & S	40 00 0 00				X			503,457	0	52,730
ROBERT HUGHES VP, SUPPLIER RELATIONS & E	40 00 0 00				X			355,229	0	60,283
DAE KIM VP, RESEARCH	39 00 1 00				X			357,257	0	52,070

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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MICHAEL DAVIS VP, MEMBER SERVICES	40 00 0 00				X			338,373	0	61,622
JOHN EICHBERGER EXECUTIVE DIRECTOR, TFI	33 40 6 60				X			289,779	57,262	40,165
JEFF LENARD VP, STRATEGIC INDUSTRY INI	40 00 0 00				X			251,034	0	63,938
ERIN PRESSLEY VP, PUBLISHING	40 00 0 00				X			213,290	0	40,076
DOUG REED CHIEF MARKETING OFFICER & VP, TRAINING & DEV	40 00 0 00					X		281,300	0	48,122
TOM MONDAY VP, HUMAN RESOURCES	40 00 0 00					X		170,917	0	61,462
ANNA READY DIRECTOR, GOVERNMENT RELAT	40 00 0 00					X		189,918	0	23,637
LEROY KELSEY DIRECTOR, RESEARCH	40 00 0 00					X		171,178	0	33,603
PAIGE ANDERSON DIRECTOR, GOVERNMENT RELAT	39 00 1 00					X		171,102	0	29,472

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*.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 ASSOCIATION OF CONVENIENCE STORES	95-2237749

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-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)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NACS PAC	1600 DUKE STREET 7TH FLOOR ALEXANDRIA, VA 223143436	26-0047011	0	0
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

1	Dues, assessments and similar amounts from members	1	7,665,843
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	4,605,360
b	Carryover from last year	2b	-124,014
c	Total	2c	4,481,346
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	4,292,872
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	188,474
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317046458

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Employer identification number
95-2237749

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,513,200		3,513,200
b Buildings		13,077,623	6,644,599	6,433,024
c Leasehold improvements		3,244,012	2,707,974	536,038
d Equipment		583,578	372,333	211,245
e Other		1,476,754	1,279,091	197,663
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,891,170

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	40,705,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	44,035		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	737,565		
e	Add lines **2a** through **2d**			2e	781,600
3	Subtract line **2e** from line **1**			3	39,923,931
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	161,549		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	161,549
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	40,085,480

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	38,486,759
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	737,565		
e	Add lines **2a** through **2d**			2e	737,565
3	Subtract line **2e** from line **1**			3	37,749,194
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	161,549		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	161,549
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	37,910,743

Part XIII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-2237749
Name: NATIONAL ASSOCIATION OF CONVENIENCE STORES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	IMPUTED RENTAL INCOME 737,565

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	IMPUTED RENTAL EXPENSE 737,565

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Employer identification number
95-2237749

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 2

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE TO PERSONS AND ORGANIZATIONS ON NEED AND MERIT BASED CRITERIA

Additional Data

Software ID:
Software Version:
EIN: 95-2237749
Name: NATIONAL ASSOCIATION OF CONVENIENCE STORES

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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 FUELS INSTITUTE 1600 DUKE STREET ALEXANDRIA, VA 22314	46-2083021	501(C)(4)	200,000				PROGRAM SUPPORT
FOUNDATION TO ERADICATE DUCHENNE PO BOX 2371 ALEXANDRIA, VA 22301	71-0874241	501(C)(3)	5,000				PROGRAM 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD RESEARCH AND ACTION CENTER 1200 18TH STREET NW SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	5,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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*.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Employer identification number
95-2237749

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

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
PART I, LINE 1A	FIRST CLASS TRAVEL IS PERMITTED ON LONG-DURATION FLIGHTS IN ACCORDANCE WITH THE TERMS OF WRITTEN EMPLOYMENT CONTRACTS IN CERTAIN INSTANCES, COMPANION TRAVEL IS PERMITTED AND TREATED AS A TAXABLE BENEFIT CERTAIN CLUB DUES ARE PAID BY NACS IN ACCORDANCE WITH THE TERMS OF WRITTEN EMPLOYMENT CONTRACTS

Additional Data

Software ID:
Software Version:
EIN: 95-2237749
Name: NATIONAL ASSOCIATION OF CONVENIENCE STORES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HENRY ARMOUR PRESIDENT & CEO	(i)	1,731,269	1,227,439	0	36,450	27,736	3,022,894	0
	(ii)	0	0	0	0	0	0	0
1LYLE BECKWITH SR VP, GOV'T RELATIONS	(i)	655,322	32,916	0	36,450	19,972	744,660	0
	(ii)	0	0	0	0	0	0	0
2BRIAN KIMMEL SR VP, & CFO, FINANCE & S	(i)	475,957	27,500	0	28,329	29,729	561,515	0
	(ii)	0	0	0	0	0	0	0
3ROBERT HUGHES VP, SUPPLIER RELATIONS & E	(i)	335,229	20,000	0	36,450	27,117	418,796	0
	(ii)	0	0	0	0	0	0	0
4DAE KIM VP, RESEARCH	(i)	340,007	17,250	0	27,891	27,463	412,611	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL DAVIS VP, MEMBER SERVICES	(i)	319,051	19,322	0	41,758	23,148	403,279	0
	(ii)	0	0	0	0	0	0	0
6JOHN EICHBERGER EXECUTIVE DIRECTOR, TFI	(i)	288,944	835	0	13,527	22,753	326,059	0
	(ii)	57,097	165	0	2,673	4,496	64,431	0
7JEFF LENARD VP, STRATEGIC INDUSTRY INI	(i)	236,704	14,330	0	40,118	27,041	318,193	0
	(ii)	0	0	0	0	0	0	0
8ERIN PRESSLEY VP, PUBLISHING	(i)	200,290	13,000	0	16,447	27,389	257,126	0
	(ii)	0	0	0	0	0	0	0
9DOUG REED CHIEF MARKETING OFFICER & VP, TRAINI	(i)	281,300	0	0	24,300	26,948	332,548	0
	(ii)	0	0	0	0	0	0	0
10TOM MONDAY VP, HUMAN RESOURCES	(i)	158,707	12,210	0	37,936	25,915	234,768	0
	(ii)	0	0	0	0	0	0	0
11ANNA READY DIRECTOR, GOVERNMENT RELAT	(i)	177,466	12,452	0	16,470	8,242	214,630	0
	(ii)	0	0	0	0	0	0	0
12LEROY KELSEY DIRECTOR, RESEARCH	(i)	159,599	11,579	0	14,850	21,146	207,174	0
	(ii)	0	0	0	0	0	0	0
13PAIGE ANDERSON DIRECTOR, GOVERNMENT RELAT	(i)	160,453	10,649	0	9,992	20,363	201,457	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990 or 990-EZ** **Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.** **▶ Attach to Form 990 or 990-EZ.** **▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**	OMB No 1545-0047 **2017** **Open to Public Inspection**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE ASSOCIATION SHALL BE SIX CLASSES RETAIL MEMBER, SUPPLIER MEMBER, HONORA RY MEMBER, LIFE MEMBER, INDIVIDUAL MEMBER, AND ALLIED MEMBER A RETAIL MEMBER AN INDIVIDU AL OR CORPORATION WITH ONE OR MORE OPERATING CONVENIENCE STORES MAY APPLY FOR MEMBERSHIP I N THE ASSOCIATION BY FILING WITH THE ASSOCIATION OFFICE AN APPLICATION TOGETHER WITH A CHE CK TO COVER APPROPRIATE DUES ALL REPRESENTATIVES OF A RETAIL MEMBER MAY PARTICIPATE IN AN Y REGULAR OR SPECIAL MEETING OF THE ASSOCIATION, BUT EACH RETAIL MEMBER SHALL HAVE ONLY ON E VOTE A SUPPLIER MEMBER COMPANIES DEALING WITH THE CONVENIENCE STORE INDUSTRY MAY APPLY FOR PARTICIPATION AS A "SUPPLIER MEMBER " SUPPLIER MEMBERS WILL HAVE NO VOTING POWERS NO SUPPLIER MEMBER OR ITS REPRESENTATIVE MAY SERVE AS AN OFFICER SUPPLIER MEMBERS WILL BE R EPRESENTED BY A SUPPLIER BOARD THE CHAIRMAN AND CHAIRMAN-ELECT OF THE SUPPLIER BOARD SHAL L BE VOTING MEMBERS OF THE NACS BOARD OF DIRECTORS SUPPLIER MEMBERS WILL HAVE NO OBLIGATI ON OTHER THAN THEIR ANNUAL DUES AND SHALL NOT BE HELD LEGALLY RESPONSIBLE FOR ACTIONS OF T HE NATIONAL ASSOCIATION OF CONVENIENCE STORES HONORARY MEMBERSHIP FOR RECOGNITION OF MER ITORIOUS SERVICE TO THE RETAIL CONVENIENCE STORE INDUSTRY, AN HONORARY MEMBERSHIP IN THE A SSOCIATION, WITHOUT VOTING OR OFFICE-HOLDING POWERS, MAY BE GRANTED TO ANY PERSON UPON THE RECOMMENDATION OF ANY MEMBER OF THE BOARD OF DIRECTORS AND APPROVAL OF THE BOARD OF DIREC TORS AT ANY REGULAR BOARD MEETING SUCH HONORARY MEMBERSHIP SHALL BE FOR ONE YEAR UNLESS E XTENDED BY VOTE OF THE BOARD OF DIRECTORS AT ANY REGULAR BOARD MEETING LIFE MEMBER ANY P AST PRESIDENT OR PAST CHAIRMAN OF THE BOARD OF DIRECTORS OF THE ASSOCIATION WILL BE AN IND IVIDUAL MEMBER OF THE ASSOCIATION FOR LIFE SUCH MEMBERSHIP IS NON-ASSIGNABLE, NON-TRANSFE RABLE, AND PERSONAL IN NATURE FOR RECOGNITION OF LONG-TERM, MERITORIOUS SERVICE TO THE CO NVENIENCE STORE INDUSTRY, A LIFE MEMBERSHIP IN THE ASSOCIATION, WITHOUT VOTING OR OFFICE-H OLDING POWERS, MAY BE GRANTED TO ANY PERSON UPON THE RECOMMENDATION OF THE EXECUTIVE COMMI TTEE AND APPROVAL OF THE BOARD OF DIRECTORS AT ANY REGULAR BOARD MEETING INDIVIDUAL MEMBE R AN INDIVIDUAL WHO IS ENGAGED IN THE CONVENIENCE OR CONVENIENCE AND PETROLEUM RETAILING INDUSTRY AS AN OWNER, EMPLOYEE, FRANCHISEE, SUPPLIER, CONSULTANT, OR ANY REASONABLE AFFILI ATION WITH THE INDUSTRY, INCLUDING THE SPOUSE, PARTNER, OR GUEST OF ANY SUCH INDIVIDUAL IS ELIGIBLE FOR "INDIVIDUAL MEMBERSHIP " BENEFITS OF "INDIVIDUAL MEMBERSHIP" SHALL BE DETERM INED BY THE NACS BOARD OF DIRECTORS ALLIED MEMBER PETROLEUM MARKETING COMPANIES THAT MAR KET THROUGH OTHER COMPANIES MAY APPLY FOR "ALLIED MEMBERSHIP" A COMPANY THAT MAY QUALIFY TO APPLY BOTH AS A RETAIL MEMBER AND AS AN ALLIED MEMBER SHALL BE CLASSIFIED AS A RETAIL M EMBER, AND THE GREATER OF THE DUES SCHEDULES SHALL APPLY BENEFITS FOR THIS CATEGORY OF ME MBERSHIP SHALL INCLUDE AND BE LIMITED TO ACCESS TO NACS MEETINGS, EXHIBITING AT THE NACS S HOW, AND THE PURCHASE OF NACS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PRODUCTS AND SERVICES AT THE NACS MEMBER RATES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BY ACCEPTING THE OPPORTUNITY TO SERVE NACS AS A MEMBER OF ITS BOARD OF DIRECTORS OR SUPPLIER BOARD, A NACS COMMITTEE OR TASK FORCE, STAFF, COUNSEL OR OTHER PROVIDER OF SERVICES, AN INDIVIDUAL ACKNOWLEDGES THAT THE CENTRAL INTEREST UPON WHICH NACS' EFFORTS ARE FOCUSED IS THAT OF RETAIL CONVENIENCE STORE OPERATORS AS A CLASS UNDER ANY CIRCUMSTANCES IN WHICH AN INDIVIDUAL, SERVING IN THE PREVIOUSLY DESCRIBED CAPACITIES IS 1) OBLIGED, BY EMPLOYMENT, INVESTMENT, OR OTHER DUTY, TO PROTECT OR PROMOTE AN INTEREST OTHER THAN THE INTERESTS OF RETAIL CONVENIENCE STORE OPERATORS, AS A CLASS OR NACS, AND 2) INVOLVED IN THE DEVELOPMENT OF A POSITION OR POLICY TO BE ADVOCATED BY NACS, THEN, THAT INDIVIDUAL SHALL A) PROMPTLY DISCLOSE HIS OR HER ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AND B) RECUSE HIMSELF OR HERSELF FROM VOTING OR OTHER ACTION WHICH CAN RESULT IN THE FORMULATION OF THAT POLICY OR POSITION UPON THE DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT, THE OTHER MEMBERS OF THE BOARD, COMMITTEE OR TASK FORCE SHALL DETERMINE WHETHER THAT INDIVIDUAL MAY PARTICIPATE IN ANY RELEVANT EXCHANGE OF VIEWS RELATING TO THE ISSUE WHICH GIVES RISE TO THAT CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THIS POLICY ON THE PROCESS FOR DETERMINING COMPENSATION APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY NACS A) THE PRESIDENT & CEO THE PROCESS INCLUDES ALL OF THESE ELEMENTS 1 REVIEW AND APPROVAL THE COMPENSATION OF THE PERSON IS BASED UPON AN EMPLOYMENT CONTRACT THAT HAS BEEN REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION 2 USE OF DATA AS TO COMPARABLE COMPENSATION THE EMPLOYMENT CONTRACT IS BASED UPON DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS 3 INCENTIVE COMPENSATION A SUBSTANTIAL PORTION OF THE PERSON'S TOTAL COMPENSATION IS BASED UPON ACHIEVEMENT OF PERFORMANCE BENCHMARKS SET BY THE COMPENSATION COMMITTEE WHICH INCLUDES ACHIEVEMENT OF ANNUAL FINANCIAL GOALS AND THE RESULTS OF AN ANNUAL CEO PERFORMANCE ASSESSMENT SURVEY OF THE BOARD OF DIRECTORS THE COMPENSATION COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE APPRAISAL SESSION WITH THE PERSON TO REVIEW PERFORMANCE, THE RESULTING PERFORMANCE BASED COMPENSATION AND ANY MODIFICATIONS OF GO FORWARD PERFORMANCE BENCHMARKS 4 CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT B) OTHER OFFICERS OR KEY EMPLOYEES OF NACS 1 REVIEW AND APPROVAL THE INCOMING CHAIRMAN AND TREASURER OF THE ORGANIZATION REVIEW THE COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES OF NACS THE BOARD OF DIRECTORS APPROVES THE TOTAL COMPENSATION BUDGET OF THE ORGANIZATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANY INDIVIDUAL MAY FILE A WRITTEN COMPLAINT, ON A CONFIDENTIAL BASIS, USING A COMPLAINT FO RM UPON RECEIPT OF A COMPLAINT FORM, THE COMPLAINT ADMINISTRATOR WILL (I) DATE STAMP THE COMPLAINT FORM, (II) DETERMINE WHETHER THE COMPLAINT PERTAINS TO A CONFLICT OF INTEREST, A ND (III) ACKNOWLEDGE RECEIPT OF THE COMPLAINT FORM TO THE COMPLAINTANT AND SET A DATE FOR A HEARING USING THE ACKNOWLEDGEMENT OF COMPLAINT FORM A HEARING WILL THEN TAKE PLACE VIA CONFERENCE CALL TO EVALUATE THE NATURE AND VALIDITY OF THE COMPLAINT PARTIES INVOLVED IN THE HEARING ARE LIMITED TO THE COMMITTEE, ITS STAFF AND COUNSEL, THE COMPLAINTANT AND HIS/ HER COUNSEL THE COMMITTEE WILL ASK THE COMPLAINANT QUESTIONS TO DETERMINE WHETHER, BASED ON THE PREPONDERANCE OF THE EVIDENCE, IT IS MORE LIKELY THAN NOT THAT THE NACS CONFLICTS O F INTEREST POLICY HAS BEEN VIOLATED WITHIN TEN CALENDAR DAYS FOLLOWING THE CONCLUSION OF THE COMPLAINANT'S HEARING, THE COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE SUBJECT OF THE COMPLAINT INVITING HIM/HER TO RESPOND TO THE ACCUSATION EITHER AT A HEARING OR IN WRIT ING WITHIN TEN BUSINESS DAYS OF THE EARLIER TO OCCUR OF A) THE RESPONDENT'S INFORMING TH E COMPLAINT ADMINISTRATOR OF HIS/HER DECISION TO HAVE A HEARING, B) RESPONDENT'S DELIVERY OF A WRITTEN RESPONSE, OR C) ELEVEN DAYS FOLLOWING THE DATE LISTED ON THE NOTICE OF COMPLA INT FILED, THE COMPLAINT ADMINISTRATOR WILL SEND NOTICE TO THE RESPONDENT USING THE RESPON SE LETTER FORM IF A RESPONSE IS RECEIVED, THEN THE FULL COMMITTEE WILL CONDUCT A HEARING ON THE DATE SET FORTH ON THE RESPONSE LETTER, EITHER IN PERSON OR VIA CONFERENCE CALL TO E VALUATE THE RESPONSE THIS HEARING WILL BE LIMITED TO THE COMMITTEE, ITS STAFF AND COUNSEL , AND THE RESPONDENT AND HIS/HER COUNSEL THE RESPONDENT WILL HAVE THE OPPORTUNITY TO PRES ENT RELEVANT EVIDENCE VERBALLY AND IN WRITING TO THE COMMITTEE THE COMMITTEE WILL ASK THE RESPONDENT QUESTIONS TO DETERMINE WHETHER, BASED ON THE PREPONDERANCE OF THE EVIDENCE, IT IS MORE LIKELY THAN NOT, THAT A VIOLATION OF THE NACS CONFLICTS OF INTEREST POLICY HAS OC CURRED THE COMMITTEE WILL WEIGH ALL OF THE EVIDENCE PRESENTED EQUALLY AND WILL MAKE A DET ERMINATION BASED ON THE PREPONDERANCE OF THE EVIDENCE THAT IT IS MORE LIKELY THAN NOT A CO NFLICT OF INTEREST EXISTS AND THE INDIVIDUAL DID NOT PROPERLY AND TIMELY DISCLOSE THE CONF LICT IF IT IS DETERMINED THERE IS SUFFICIENT EVIDENCE A REPORT DRAFTED BY THE COMMITTEE W ILL BE SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS ALL PARTIES WILL HAVE THE RIGHT TO PRES ENT EVIDENCE AND TESTIMONY RELEVANT TO THE BOARD OF DIRECTORS IN ITS DELIBERATION OF THE C OMPLAINT IF IT IS DETERMINED THAT A VIOLATION HAS OCCURRED THEN THE BOARD OF DIRECTORS WI LL DIRECT THE APPROPRIATE OFFICERS OF NACS TO IMPLEMENT REMEDIAL MEASURES SELECTED BY THE BOARD OF DIRECTORS SUCH MEASURES MAY INCLUDE, TERMINATION OF RESPONDENT'S EMPLOYMENT, TER MINATION OF RESPONDENT'S PARTICIPATION IN NACS' GOVERNANCE ACTIVITIES, AND/OR TERMINATION OF RESPONDENT'S PROVISION OF S

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ERVICES TO NACS THE BOARD OF DIRECTORS IS THE ONLY AND FINAL AUTHORITY ON THE DISPOSITION OF A COMPLAINT WITH RESPECT TO VIOLATIONS OF THE NACS CONFLICTS OF INTEREST POLICY

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*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Employer identification number
95-2237749

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

(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) CSX LLC 1600 DUKE STREET ALEXANDRIA, VA 65201 20-0433402	ON-LINE SOFTWARE & DATABASE TOOLS FOR COMPARABILITY IN CONVENIENCE STORES	VA			NACS

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)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)CONVENIENCE STORE FOUNDATION FOR EDUCATION AND RESEARCH 1600 DUKE STREET ALEXANDRIA, VA 22314 54-1723339	EDUCATION AND RESEARCH	VA	501 (C)(3)	LINE 7	NACS		No
(2)NACSPAC 1600 DUKE STREET ALEXANDRIA, VA 22314 26-0047011	REPRESENTS THE INTERESTS OF CONVENIENCE STORES AND PETROLEUM MARKETING	VA	527	N/A	NACS		No
(3)CONEXXUS 1600 DUKE STREET ALEXANDRIA, VA 22314 80-0078994	MEMBERSHIP ORGANIZATION	VA	501 (C)(6)	N/A	NACS		No
(4)THE FUELS INSTITUTE 1600 DUKE STREET ALEXANDRIA, VA 22314 46-2083021	SOCIAL WELFARE ORGANIZATION	VA	501(C)(4)	N/A	NACS		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**Yes**	
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)CONEXXUS	P	144,722	FMV
(2)FUELS INSTITUTE	B	200,000	FMV
(3)CONEXXUS	Q	210,000	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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