DLN: 93493265003260 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization NATIONAL GROCERS ASSOCIATION D Employer identification number B Check if applicable ☐ Address change 54-1210751 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1005 NORTH GLEBE ROAD NO 250 ☐ Amended return (703) 516-0700 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA  $\,\,$  22201  $\,\,$ G Gross receipts \$ 8,279,424 Name and address of principal officer H(a) Is this a group return for GREGORY FERRARA □Yes ☑No subordinates? 1005 NORTH GLEBE ROAD NO 250 H(b) Are all subordinates ARLINGTON, VA 22201 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NATIONALGROCERS ORG L Year of formation 1982 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO ENSURE INDEPENDENT, COMMUNITY-FOCUSED RETAILERS AND WHOLESALERS THE OPPORTUNITY TO SUCCEED AND BETTER SERVE THE CONSUMER THROUGH ITS POLICIES, ADVOCACY, PROGRAMS AND SERVICES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 58 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 85,250 7b b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 264.954 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 5,736,335 3,159,633 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 981,734 755,231 1,620,792 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,301,388 8,019,457 5,800,610 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 255,000 296,186 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,166,744 3,240,124 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,733,813 2,490,405 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 7,155,557 6,026,715 19 Revenue less expenses Subtract line 18 from line 12 . 863,900 -226,105 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 18,457,308 19,672,951 1,362,536 21 Total liabilities (Part X, line 26) . 1,888,474 22 Net assets or fund balances Subtract line 21 from line 20 . 18,310,415 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 2020-09-21 Signature of officer Sign Here GREGORY FERRARA PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-09-21 P01332734 Paid self-employed Firm's name RSM US LLP Firm's EIN ▶ 42-0714325 Preparer Use Only Firm's address ► 2021 L STREET NW 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

TO ENSURE CONSUME  2 Did the If " 3 Did serv	Check if Schedulifly describe the organization upprior Form 990 or fes," describe these cribe the organization cellifes," describe these cribe the organization 501(c)(3) and	ganization's mission  COMMUNITY-FOCUSED RET  OLICIES, ADOVCACY, PROG  ndertake any significant pro 990-EZ? e new services on Schedule ease conducting, or make s e changes on Schedule O  tion's program service accor 501(c)(4) organizations are	r note to any line in this Part III	were not listed on  any program  best program services, as measures.	Yes V No
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	res," describe these cribe the organizat tion 501(c)(3) and	e changes on Schedule O tion's program service accor 501(c)(4) organizations are	mplishments for each of its three large	est program services, as measu	
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	tion 501(c)(3) and	501(c)(4) organizations are	mplishments for each of its three large	est program services, as measi	ared by expenses
Sec		e, if any, for each program		ints and allocations to others, t	the total
<b>4a</b> (Coo	 1e	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Addıtıonal Data	, (		, ( +	,
<b>4b</b> (Coo	de	) (Expenses \$	including grants of \$	) (Revenue \$	)
See	Additional Data				
<b>4c</b> (Coo	de	) (Expenses \$	including grants of \$	) (Revenue \$	)
_					
4d Oth	er program service	es (Describe in Schedule O )	)		
(Ex	penses \$	ıncludıng	grants of \$	(Revenue \$	)
4e Tot	al program servi	ce expenses ►			

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Part IV Checklist of Required Schedules									
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No					
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part   5	6		No					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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					

- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .
- Nο 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
- Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No

Nο

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

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20a

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Yes

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Yes

Yes

Yes

11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . 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 11d

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

**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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

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Par	Checklist of Required Schedules (continued)			
			Yes	No
2	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	Yes	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
.5a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
.7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	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		No
4	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 42			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			1

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?  If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 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?	<b>6</b> b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		N1 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   56	$\vdash$	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 56			
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	
	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	
	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			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>e Code</u>		
			Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
115	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	105		
	form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	124	163	
	conflicts?	12b	Yes	
·	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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	Yes	
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	Yes	
Se	ction 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-A 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 MICHELLE TILLER SVP FINANCE 1005 NORTH GLEBE ROAD NO 250 ARLINGTON, VA 22201 (703) 516-0700			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's <b>current</b> off ation Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's <b>current</b> key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	( <b>D</b> ) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

	al trustee tor	cnal Trustee	oloyee	compensated ee		
See Additional Data Table						

1b Sub-Total c Total from continuation sheets to P			<b>*</b>			•
d Total (add lines 1h and 1c)			-	1 916 946	ol	269 871

1b Sub-Total			٠.	٠.	<b>&gt;</b>	<u> </u>			1
c Total from continuation sheets to Pa	art VII, Section	Α.			▶				
d Total (add lines 1b and 1c)					▶		1,916,946	0	269,871
							1 11 44		

1b Sub-Total				•		<b>&gt;</b>				
c Total from continuation sheets to Pa	art VII, Section	Α				•				
d Total (add lines 1b and 1c)			<u></u>			▶		1,916,946	0	269,871
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$1	.00,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Yes

Yes

3

4

5

(B)

Description of services

NGA FALL MEETING SERVICES

2019 NGA SHOW

CEO SEARCH

No

Nο

Nο

284,159

209,150

197,022

(C)

Compensation

Form 990 (2019)

of reportable compensation from the organization ▶ 6

line 1a? If "Yes," complete Schedule J for such individual .

3

4

individual .

SAWGRASS MARRIOTT GOLF RESORT

INDEPENDENT GROCERS SHOW MANAGEMENT

compensation from the organization ▶ 3

1690 ROBERTS BOULEVARD NW SUITE 11

1000 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082

KENNESAW, GA 30144 SPENCER STUART

353 N CLARK SUITE 2400 CHICAGO, IL 60654

Section B. Independent Contractors

		ZZZK II JUIE			<u> 23p0</u>	and the state of t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
~ ×	18	a Federated camp	aigns	5	1a					
	ı	<b>b</b> Membership due	es .		1b					
֓֞֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֜֞֜֞֜֞֜֓֓֓֓֓֞֜֜֜֜֜֜֜֜	,	<b>c</b> Fundraising ever	nts .		1c					
Y	'	<b>d</b> Related organiza	ations	s	1d					
5 <u>F</u>	,	e Government grants	s (con	tributions)	1e	_				
Continuations, Girs, Grants and Other Similar Amounts	1	f All other contribution and similar amount above	ons, g ts not	gifts, grants, included	1f	264,954				
	!	g Noncash contributi lines 1a - 1f \$	ons in	ncluded in	1g					
and		<b>h Total.</b> Add lines	1a-1	f		•	264,954			
						Business Code				
	2a	MEMBERSHIP DUES				900099	1,759,739	1,759,739		
Program Service Revenue	b	SPONSORSHIPS				900099	746,800			746,800
ag.	c	CONVENTION/CONF	EREN	CE		611430	480,244	480,244		
Σ						611430				
₹ E	d	REGISTRATION FEES	5			900099	172,850	172,850		
rogra	е	1								
<u>a</u>	f	All other program	serv	revenue	!					
	g	Total. Add lines	2a-2	2f	. 🕨	3,159,633				
		Investment income similar amounts) .		luding divid		nterest, and other	495,029			495,029
		Income from inves								
						▶	1,225,267			1,225,267
				(ı) Re	al	(II) Personal				
	6a	Gross rents	6a							
		Less rental	H				-			
		expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental incom	e or	(loss)		· · · •	1			
				(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	7a	2,	739,016					
	b	Less cost or other basis and sales expenses	7b	2,	478,814		-			
	С	Gain or (loss)	7c		260,202					
		Net gain or (loss	-				260,202			260,202
Other Revenue	8a	Gross income from f (not including \$ contributions reporte		of						
ě		See Part IV, line 18	•		8a					
ŭ.		Less direct exper			8b		]			
ŧ	۱	: Net income or (lo	55) FI	rom rundrais	sing eve	ents •	1			
	9a	Gross income from								
		See Part IV, line 19	∍ .		9a					
		Less direct exper			9b					
	۱	: Net income or (lo	SS) 11	rom gaming	activiti	es <b>&gt;</b>	1			
	10	aGross sales of inv returns and allow			10a					
	b	Less cost of good	ds so	ld	10b		1			
	c	Net income or (lo	ss) fr	rom sales of	ınvent	ory ►				
		Miscellaneo				Business Code				
	11	·aFOUNDATION AD	MIN	ISTRATION		900099	303,913			303,913
	b	ADVERTISING				541800	91,000		85,250	5,750
		OTHER REVENUE				900099	612			612
	d	All other revenue								
	6	Total. Add lines 1	L1a-:	11d			395,525			
	12	! Total revenue. 9	See ii	nstructions						
							5,800,610	2,412,833	85,250	3,037,573 Form <b>990</b> (2019)

For	m 990 (2019)				Page <b>10</b>
F	Part IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		· · · · <u>—</u>
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	260,436			
2	2 Grants and other assistance to domestic individuals See Part IV, line 22	35,750			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	6 Compensation of current officers, directors, trustees, and key employees	2,026,316			
6	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	1,059,898			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	73,256			
9	Other employee benefits	80,654			
10	Payroll taxes				
11	. Fees for services (non-employees)				
	a Management				
	<b>b</b> Legal	122,371			_
	c Accounting	67,984			
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	f Investment management fees	10,287			
	g Other (If line 11g amount exceeds 10% of line 25, column	479,150			
	(A) amount, list line 11g expenses on Schedule O)	9,357			
	- · · · <u>-</u>	102,059			
	S Office expenses	73,495			
	- '	75,495			
	Royalties	381,626			
	Occupancy	237,872			
	'Travel	237,872			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	670,556			
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,229			
23	3 Insurance	43,049			
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 DUES & SUBSCRIPTIONS	221,995		Π	_
	b PHOTOGRAPHY & ARTWORK	34,289			
	c AWARDS, PRIZES, & GIFTS	16,707			
	d STAFF EXPENSES	13,181			

3,198

6,026,715

Form **990** (2019)

25 Total functional expenses. Add lines 1 through 24e

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)

Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities . . . . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets . . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Form 990 (2019)

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17

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21

23

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 40,857

35,389

174,081

4,433

10.000

131,441

485.000

979.860

423.614

1.888.474

16,568,834

16,568,834

18,457,308

18,457,308

16,443,659

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12 13

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Page **11** 

161,236

5,468

10.000

116,804

541.668

683.849

137.019

1.362.536

18,310,415

18,310,415

19,672,951

Form 990 (2019)

19,672,951

18,209,029

Check if Schedule O contains a response or note to any line in this Part IX $$ .			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	488,039	1	403,221

1	Cash-non-interest-bearing	488,039	1	403,22
2	Savings and temporary cash investments	972,934	2	475,99
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	232,721	4	291,19
l _				

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

10a

10b

Notes and loans receivable, net . . . . Assets 8 Inventories for sale or use . . . . .

3a

3b

No

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version: EIN: 54-1210751

Name: NATIONAL GROCERS ASSOCIATION

Form 990 (2019)

(2019)

Form 990, Part III, Line 4a:

EDUCATION CONDUCT AN ANNUAL CONVENTION, SPONSOR EDUCATIONAL PROGRAMS INCLUDING AN EXECUTIVE LEADERSHIP PROGRAM, A FINANCIAL MANAGEMENT CONFERENCE, WEBINARS AND PUBLISH A NEWSLETTER

#### Form 990, Part III, Line 4b: GOVERNMENT RELATIONS AND INDUSTRY RELATIONS CONDUCT AN ANNUAL CONVENTION, CONDUCT A LEADERSHIP MEETING THAT INCLUDES ALL SECTORS OF THE INDEPENDENT GROCERY CHANNEL AND PUBLISH A NEWSLETTER

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

TERRIE BAKER

BOARD MEMBER

**BOARD MEMBER** 

**NEAL BERUBE** 

JAY ARD

RANDY ARCENEAUX

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHERYL SOMMER CHAIRMAN	1 00	×		x				0	0	0
MIKE STIGERS VICE CHAIRMAN	1 00 0 00	×		х				0	0	0

MIKE STIGERS	1 00	l ↓	v		0	0	
VICE CHAIRMAN	0 00	^	^			0	
TED BALISTRERI	1 00	×	X		0	0	
SECRETARY	0 00	l	· ·			J	
DAVID SMITH	1 00	×	×		0	0	

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SECRETARY	0 00	X	×		0	0	0
DAVID SMITH	1 00	_	V		0	0	0
TREASURER	0 00	^	^		5	0	0
RICH NIEMANN JR	1 00	×	x	·	0	0	0

	0 00		 				
DAVID SMITH	1 00	×	×		0	0	0
TREASURER	0 00						
RICH NIEMANN JR	1 00						0
IMMEDIATE PAST CHAIR	0 00	×	^		0	U	0

DAVID SMITH	1 00	×	$_{x}$		,	0	0
TREASURER	0 00	, and the second				•	
RICH NIEMANN JR	1 00	×	х		0	0	0
IMMEDIATE PAST CHAIR	0 00	^				3	
JOHN AKING	1 00						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	£   - 4							/14/ 3/4000	/14/ 2/4000	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CAROLE BITTER  EX-OFFICIO MEMBER	1 00	×						0	0	0
	0 00					$\vdash$				
JENNIFER BOSMA BOARD MEMBER	0 00	×						0	0	0
KIMBERLY BRACKETT	1 00	×						0	0	0
BOARD MEMBER	0 00	_								
TRENT BROOKSHIRE BOARD MEMBER	1 00	×						0	0	0
DAVID BULLARD	1 00									

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BOARD MEMBER	
TRENT BROOKSHIRE	
BOARD MEMBER	
DAVID BULLARD	
BOARD MEMBER	

JH CAMPBELL JR

JOE CAVALIERE

CHRIS COBORN

JOE CONROY

BOARD MEMBER

BOARD MEMBER

JOHN DERDERIAN

EX-OFFICIO MEMBER

....... BOARD MEMBER

**EX-OFFICIO MEMBER** 

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours				or/tr	ustee)		organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RUDY DORY	1 00							_		_	
BOARD MEMBER	0 00	×						0	0	0	
KIM ESKEW	1 00								0		
BOARD MEMBER	0 00	×						0	0	0	
JESSE GARCIA	1 00								0		
BOARD MEMBER	0 00	X						0	0	0	
	1.00										

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BOARD MEMBER	0 00							
JESSE GARCIA	1 00	×					0	
BOARD MEMBER	0 00	<b>`</b>					Ŭ	
JAN GEE	1 00	_						
BOARD MEMBER	0 00	^					0	

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and Independent Contractors

RON GRAFF JR

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

STEVE HEGGELKE

BOARD MEMBER

TIM HENDERSON

BOARD MEMBER

MICHELLE HURD

**BOARD MEMBER** 

**NEIL GREENSTEIN** 

WINSTON GRIFFIN

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

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BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MICHAEL NEEDLER SR

EX-OFFICIO MEMBER

**BRIAN MOYER** 

PETE NAJJAR

RICHARD MORGAN JR

.......

BOB MCTEIR

	any hours	and	a dır	recto	or/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PAULA JANSSEN	1 00	×						0	0	0
BOARD MEMBER	0 00								0	
REED KESSLER	1 00									
BOARD MEMBER	0 00	×						0	U	0
AMY KIRTLAND	1 00								_	_
BOARD MEMBER (AS OF 11/19)	0 00	×						0	0	0
	1.00				1			i		

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BOARD MEMBER		^			٥	
BOARD PILITIBER	0 00					
AMY KIRTLAND	1 00					
		X			0	
BOARD MEMBER (AS OF 11/19)	0 00					
ROGER LOWE	1 00					
		X			0	
BOARD MEMBER	0 00					
KRISTI MAGNUSON-NELSON	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	formulated	and a director/trustee)						Organización	Organizations	overnment and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DAVID OCHS BOARD MEMBER (UNTIL 11/19)	1 00	×						0	0	0	
TONY PATRIGNELLI BOARD MEMBER	1 00	×						0	0	0	
ELIGIO PENA BOARD MEMBER	1 00	×						0	0	0	
LARRY PIERCE BOARD MEMBER (UNTIL 11/19)	1 00	×						0	0	0	
KEVIN PROCTOR	1 00										

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LARRY PIERCE	I
BOARD MEMBER (UNTIL 11/19)	ı
	ŀ
KEVIN PROCTOR	ı
BOARD MEMBER	

LORI RAYA

JEFF REAGAN

BOARD MEMBER

GARY REDNER

BOARD MEMBER

ART ROSENBERG

BOARD MEMBER

EX-OFFICIO MEMBER

JOHN ROSS

BOARD MEMBER, (AS OF 11/19)

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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737,919

419,884

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90,160

57,829

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

	,				,		,	(1)	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DANIEL SHANAHAN BOARD MEMBER	1 00	×						0	0	0	
JOE SHERIDAN EX-OFFICIO MEMBER	1 00	×						0	0	0	
STEVE SMITH EX-OFFICIO MEMBER	0 00	×						0	0	0	
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STEVE SMITH
EX-OFFICIO MEMBER
RAY SPRINKLE
BOARD MEMBER
JEFF STRACK

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

GREGORY FERRARA

PETER LARKIN

JOE WOLF

MICHAEL VIOLETTE

ZULEMA WISCOVITCH

.......

PRESIDENT & CEO, THRU 8/31

PRESIDENT & CEO, AS OF 9/1

and Independent Contractors

and Independent Contractors (C)
Position (do not check more (A) (B) (D) Name and Title Average Reportable than one box, unless compensation

SVP

CHRISTOPHER JONES

	week (list any hours				office ustee		from the organization	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)			
MATTHEW OTT	27 50			×			277,423	0	52,797	
EVP & COO	10 00			^			2/7,423	0	32,797	
MELISSA SAVERINE	37 50			Ų			171 224	0	4.063	
CFO	0 00			×			171,234	U	4,962	
LAURA STRANGE	37 50			×			162,388	0	36,965	

Χ

148,098

0 00 37 50

............... 0 00

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

(E)

Reportable

compensation

(F)

Estimated

amount of other

27,158

# Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

DLN: 93493265003260

Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. 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 GROCERS ASSOCIATION 54-1210751 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

Schedule C (Form 990 or 990-EZ) 2019

activity

2a

1

2

Part III-A

Part IV

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2019

No

No

No

1,759,739

420,000

-15,285

404.715

307.954

96,761

(a)

Yes | No

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body?

Other activities?

501(c)(6).

expenditure next year?

Return Reference

If "Yes," enter the amount of any tax incurred under section 4912

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total Add lines 1c through 1i

Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B

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."

Dues, assessments and similar amounts from members 1 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).

Current year Carryover from last year

C Total 3

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

**SCHEDULE D** 

DLN: 93493265003260

2019

OMB No 1545-0047

## **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.

Open to Public

Department of the Treasury

(Form 990)

Interr	nal Revenue Service	<u>1990</u> for instructions and the latest info	rmation. Inspection					
	me of the organization TIONAL GROCERS ASSOCIATION		Employer identification number					
-)-	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	54-1210751					
1.4	Complete if the organization answered "Ye		Accounts.					
	· <u>-</u>	(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 advisor organization's property, subject to the organization's ex		dvised funds are the					
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							
Pa	rt III Conservation Easements.							
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)						
	$\square$ Preservation of land for public use (e g , recreation	n or education) $\qed$ Preservation of an	historically important land area					
	Protection of natural habitat	Preservation of a o	certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a conservation  Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements 2b							
c	c Number of conservation easements on a certified historic structure included in (a)							
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d					
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organization during the					
4	Number of states where property subject to conservation	n easement is located 🟲						
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds		of violations,					
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser	vation easements during the year					
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section 1	70(h)(4)(B)(ı)					
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and					
Pai	rt III Organization's accounting for conservation easement To Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.					
<b>1</b> a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta						
b	provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 11	cial statements that describes these items	•					
Ī	historical treasures, or other similar assets held for publ following amounts relating to these items		erance of public service, provide the					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$					
(	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$					
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, provide the					
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$					
b	Assets included in Form 990, Part X		<b>▶</b> \$					

d Equipment .

Par	t III	Organizations Maintaining Col	lections of	f Art, Hist	orica	al Tr	easu	ires, oi	Other	Similar A	ssets (con	tinued)	- ugc =
3	Using	g the organization's acquisition, accession s (check all that apply)											
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			e		Other	r					
c		Preservation for future generations											
4	Provi Part	de a description of the organization's col XIII	lections and	explain how	they	furth	er the	e organiz	ation's e	xempt purp	ose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to								nılar	☐ Yes	□ N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		on Form 9	990, 1	Part	IV, lıı	ne 9, o	r reporte	ed an amo	unt on For	n 990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other II	ntermediary	for co	ontril	outions	s or othe	er assets	not	☐ Yes	□ N	o
ь	If "Y	es," explain the arrangement in Part XIII	and complet	te the follow	/ing ta	able					Amount		_
c		nning balance							1c				_
d		cions during the year							1d				_
е	Dıstr	ibutions during the year							1e				_
f		ng balance							1f				_
2a		he organization include an amount on Fo	rm 000 Bart	V line 21	for on	crow	05.611	ا د +مطیعا ء	ccount lu	-bilitu2			_
											_	L N	0
		es," explain the arrangement in Part XIII	Check here	if the expla	nation	n has	been	provide	d in Part	XIII	. U		
Fe	rt V	<b>Endowment Funds.</b> Complete if the organization answ	vered "Yes"	on Form <sup>o</sup>	990. 1	Part	TV. lu	ne 10.					
		oomprote it the organization and	(a) Current		<b>b)</b> Prio				ears back	(d) Three y	ears back (e)	Four yea	rs back
<b>1</b> a	Beginn	ning of year balance											
b	Contri	butions											
c	Net in	vestment earnings, gains, and losses											_
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admın	istrative expenses											
g	End of	year balance											
2	Provi	de the estimated percentage of the curre	ent year end	balance (lın	e 1g,	colur	nn (a)	)) held a	s	•	•		
а	Board	d designated or quasi-endowment 🕨											
ь	Perm	anent endowment ►											
С	Temp	oorarily restricted endowment >											
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100	%									
3а		here endowment funds not in the posses nization by	sion of the o	rganızatıon	that a	re he	eld and	d admini	stered fo	r the		Yes	No
	(i) u	nrelated organizations									3a(i)	1	
	٠,	elated organizations									3a(ii	)	
ь		es" on 3a(II), are the related organization		•							. Зь		
4		ribe in Part XIII the intended uses of the		's endowme	ent fur	nds							
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		on Form (	י חסב	Dar+	T\/	na 11 n	Sec Fo	rm 900 D	art V line 1	0	
	Descr	ription of property (a) Cost or oth (investme	ner basis	(b) Cost or o						depreciation	<del>, , , , , , , , , , , , , , , , , , , </del>	Book valu	e
1a	Land												
	Buildir												
		nold improvements											
		ment				3	2,009			27,955			4,054

8,848

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

1,414

5,468

7,434

Part VII		) T	nc 11'	Soo Form 000 :	)a,⊯ V I	٦
	Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	Part IV, II (b) Book value	ne 11t		d of valuation	
(1) Financia	l derivatives					
(2) Closely-l (3)Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.					
Part VIII	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lı	ne 110			
	(a) Description of investment			(b) Book value	Cost or end	d of valuation -of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets.		<u> </u>			
	Complete if the organization answered 'Yes' on Form 990, P.  (a) Description	art IV, lır	e 11d	. See Form 990, Par		) Book value
(1)						-
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu. Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities.				<b>•</b>	
1.	Complete if the organization answered 'Yes' on Form 990, P.  (a) Description of liability	art IV, lır	e 11e	or 11f.See Form		line 25. ook value
	income taxes				(-)-	
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )			•		137,019
	or uncertain tax positions  In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740)  Check l					

Part XI

2

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2019

Page 4

2,538,651

5,486,410

314,200

5,800,610

6,361,733

649,218

314,200

6.026.715

Schedule D (Form 990) 2019

5,712,515

b d e

3

4

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Add lines **4a** and **4b** . . . . . . . .

b c 5 Part XII

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Investment expenses not included on Form 990, Part VIII, line 7b . Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

1.666.611

872.040

10,287

303,913

649,218

10,287

303.913

2e

3

4c

2e

3

4c

5

Page <b>5</b>		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

## Additional Data

Software Version: EIN: 54-1210751

Name: NATIONAL GROCERS ASSOCIATION

A HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2019 MANAGEMENT EV ALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAD TAKEN NO UN CERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS

## **Supplemental Information**

Return Reference	Explanation
,	NGA IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAX AS A TAX-EXEMPT TRADE ORGANIZATION UNDER T HE PROVISIONS OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC) INCOME WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO INCOME TAXES NG

Software ID:

Supplemental Information	
Return Reference	Explanation
, , , , , , , , , , , , , , , , , , ,	NGASC REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 1,061 NGA FOUNDATION REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 612,259 SALE OF SHOW 258,720

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NGA FOUNDATION ADMINISTRATIVE AGREEMENT 303,913

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NGASC EXPENSES INCLUDED IN CONSOIDATED FINANCIAL STATEMENTS 287 NGA FOUNDATION EXPENSES I NCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 648,931

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NGA FOUNDATION ADMINISTRATIVE AGREEMENT 303,913

Sı

DLN: 93493265003260 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL GROCERS ASSOCIATION 54-1210751 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(a) Type of grant or assistance		<b>(b)</b> Number of recipients	(c) Amount cash grant			(e) Method of valuation (bool FMV, appraisal, other)	(f) Description of noncash assistance			
(1) RETIREMENT GIFT	I	1	10,000							
(2) HOLIDAY GIFT CARDS		10	2,000							
(3) BEST BAGGER PRIZES		28	23,750							
3)										
1)										
5)										
)										
')										
Part IV Suppleme	ental Informati	on. Provide the info	rmation required in Pa	art I, line 2; Part III, col	umr	n (b); and any other addit	ional information.			
eturn Reference	Explanati	Explanation								
ART I, LINE 2	NGA PREPA	NGA PREPARES AN ANNUAL BUDGET BASED ON PROGRAMS RECOMMENDED BY NGA STAFF/BOARD MEMBERS AND APPROVED BY THE BOARD FUNDS ARE SPENT II ACCORDANCE WITH THE APPROVED BUDGET AND SUBJECT TO IN-PLACE APPROVALS FOR DISBURSING FUNDS								

## **Additional Data**

ROFDA

P O BOX 337 PINSON, AL 35126

Software ID: **Software Version: EIN:** 54-1210751 Name: NATIONAL GROCERS ASSOCIATION Form 990. Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Do

27-0297457

(a) Name and address of	(D) LIN	if applicable	grant	` '	(book, FMV, appraisal,
organization .		п аррпсавіе	grant	cash	
or government				assistance	other)

501C6

omesti	ic Governments.		
f non-	<b>(f)</b> Method of valuation (book, FMV, appraisal,	<b>(g)</b> Description of non-cash assistance	(h) Purp or assist
e	other)		

FALL MEETING

in 990,3chedule 1, Fare	II, Grants and	Other Assistance to	o Donnestie Organiza	cions and bonicsc	c dovernincines.
(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 valuat (book, FMV, apprais other)

(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	
ASPARAGUS CLUB 1005 N GLEBE ROAD SUITE	13-3208336	501C3	97,870				FORGIVEN SCHOLARSHIPS	

organization or government		ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance	
ASPARAGUS CLUB 1005 N GLEBE ROAD SUITE	13-3208336	501C3	97,870				FORGIVEN SCHOLARSHIPS	

55,000

or government				assistance	other)		
ASPARAGUS CLUB 1005 N GLEBE ROAD SUITE 250 ARLINGTON, VA 22201	13-3208336	501C3	97,870			I .	FORGIVEN SCHOLARSHIPS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NGA RESEARCH & EDUCATION 54-1634757 501C3 25.000 FALL MEETING

FOUNDATION 1005 NORTH GLEBE ROAD SUITE 250 ARLINGTON, VA 22201					
CONGRESSIONAL INSTITUTE	52-1504189	501C4	15,000		ADVISORY COMMITTEE

SUPPORT 1700 DIAGONAL ROAD SUITE 730

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

ALEXANDRIA, VA 22314

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-3591070 501C3 11.818 KELLY CARES FOUNDATION IPROGRAM SUPPORT PO BOX 8107 SOUTH BEND, IN 46660 PROGRAM SUPPORT

ALZHEIMER'S ASSOCIATION 13-3039601 501C3 10,000 225 N MICHIGAN AVENUE FLOOR 17

CHICAGO, IL 60601

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2155907 501C6 8.000 PROGRAM SUPPORT FOOD INDUSTRY ASSOCATION 664 SANDPIPER BAY DR SW SUNSET BEACH, NC 28468 NATIONAL CAPITAL AREA 53-0204610 501C3 7.500 GALA DONATION COUNCIL - BOY SCOUTS OF AMERICA

9190 ROCKVILLE PIKE BETHESDA, MD 20814

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	1932 <i>6</i>	5003	260	
Sch	nedule J	Con	npensati	on Information	10	1B No	1545-0	0047	
(For	m 990)	For certain Officers	, Directors, T	rustees, Key Employees, and Hig	hest				
		► Complete if the organ	Compensa	ited Employees ered "Yes" on Form 990, Part IV	. line 23.	2019			
			▶ Attach	to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>гогт990</u> тог	instructions and the latest infor	mation.	pen i Insp	ectio		
	ne of the organiza				Employer identificat	tion nu	ımber		
IVAI	IONAL GROCERS AS	SOCIATION			54-1210751				
Pa	rt I Questi	ons Regarding Compensatio	n						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up payments		Health or social club dues or initiati					
	LI Discretion	ary spending account		Personal services (e g , maid, chau	rreur, cner)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		<b>1</b> b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	4.3	2	Yes		
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked on Lir	ne Ia?				
3		if any, of the following the filing or EO/Executive Director Check all the		d to establish the compensation of the	he				
	_	•		CEO/Executive Director, but explain	ın Part III				
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract					
	Independe	ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ation committee				
4	During the year, related organiza		0, Part VII, Sec	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-contro	l payment?			4a		No	
b	Participate in, o	r receive payment from, a supplem	ental nonquali	fied retirement plan?		4b		No	
c		r receive payment from, an equity-		<del>-</del>		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	rganizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did t	the organization pay or accrue any					
а	The organization					5a			
ь	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any					
а	The organization	۱۶				6a			
b	Any related orga					6b			
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow t	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	ction Act Notice, see the Instru	ections for Fo	rm 990. Cat No 5	50053T Schedule J	(Form	1 990)	2019	

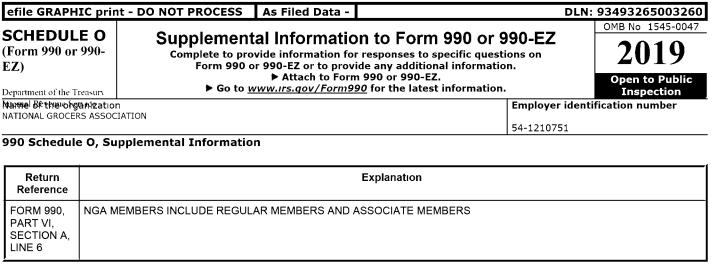
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

Instructions, on row (II)  Note. The sum of colum	Do no ns (B	ot list any individuals that )(i)-(iii) for each listed in	t are not listed on Form 9 <sup>.</sup> dividual must equal the to	90, Part VII otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D	) and (E) amounts for tha	t ındıvıdual	
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1 PETER LARKIN PRESIDENT & CEO, THRU	(i)	554,228	123,200	60,491	56,000	37,818	831,737	0	
8/31	(ii)	0	0	0	0	0	0	0	
2 GREGORY FERRARA PRESIDENT & CEO, AS OF	(i)	312,893	80,667	26,324	37,000	24,487	481,371	0	
9/1	(ii)	0	0	0	0	0	0	0	
3 MATTHEW OTT EVP & COO	(i)	201,373	55,000	21,050	37,000	19,456	333,879	0	
EVP & COO	(ii)	0	0	0	0	0	0	0	
4 MELISSA SAVERINE CFO	(i)	132,825	36,167	2,242	0	6,421	177,655	0	
	(ii)	0	0	0	0	0	0	0	
<b>5</b> LAURA STRANGE SVP	(i)	136,226	26,000	162	16,616	22,669	201,673	0	
<b>3</b> ,1	(ii)	0	0	0	0	0	0	0	
6 CHRISTOPHER JONES VP	(i)	125,204	22,750	144	15,032	14,588	177,718	0	
•	(ii)	0	0	0	0	0	0	0	
							Schedule	J (Form 990) 2019	

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Inform	nation
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
· · · · · · · · · · · · · · · · · · ·	TRAVEL FOR COMPANIONS NGA PROVIDES TRAVEL FOR OFFICERS' COMPANIONS TO OUR ANNUAL CONVENTION AND OTHER MEETINGS AS APPROVED BY THE PRESIDENT AND CEO THESE AMOUNTS ARE NONTAXABLE TO THE EMPLOYEE
	Schedule 1 (Form 990) 2019



Return Explanation
Reference

FORM 990,	EACH REGULAR NGA AND AN ASSOCIATE MEMBER HAS ONE VOTE
PART VI,	
SECTION A,	
LINE 7A	

Return Explanation

FORM 990,	CHANGES TO THE CERTIFICATE OF INCORPORATION, APPROVAL OF MERGER OR DISSOLUTION OF THE
PART VI,	CORPORATION
SECTION A	

LINE 7B

Return Explanation
Reference

FORM 990, TAX FORMS ARE REVIEWED BY THE SVP-FINANCE & ADMINISTRATION AND THE PRESIDENT & CEO PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, PART VI, INTEREST POLICIES
SECTION B, LINE 12C

Return Explanation
Reference

FOR	M 990,	THE BOARD OF DIRECTORS APPROVES THE PRESIDENT & CEO'S, AND OTHER TOP EXECUTIVES' COMPENSAT
PAR	T VI,	ON BASED ON PERFORMANCE, ACHIEVEMENT OF WRITTEN GOALS AND OBJECTIVES AS DETERMINED BY THE
SEC	TION B,	EXECUTIVE COMMITTEE
LINE	15	

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

LINE 9

FORM 990, PARTIAL EQUITY SALE OF THE NGA SHOW 258,720
PART XI.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

## **Related Organizations and Unrelated Partnerships**

Open to Public

DLN: 93493265003260 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization NATIONAL GROCERS ASSOCIATION

(Form 990)

Part I

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** 54-1210751 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (b)

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ivity	Legal dom or foreign	cıle (state	(d	) icome	(e) End-of-year	assets	Direct co ent	ntrolling	
Part II  Identification of Related Tax-Exempt Organizatio related tax-exempt organizations during the tax year.  (a)		te if the orga		answered				V, line 34	because	t had one or		g)
Name, address, and $\overrightarrow{ ext{EIN}}$ of related organization	Primar	y activity	Legal don	nicile (state n country)	(d) Exempt Code	e section	Public ch	Public charity status if section 501(c)(3))		rect controlling entity	Section (13) co	512(b) ontrolled city?
(1)NGA RESEARCH AND EDUCATION FOUNDATION 1005 NORTH GLEBE RD STE 250 ARLINGTON, VA 22201 54-1634757	IMPROVE THE IN ALL KEY AI GROCERY IND		,	VA	501(C)(3)		LINE 10		NATIONA ASSOCIA	AL GROCERS ATION	Yes	
(2)NGA PAC 1005 NORTH GLEBE RD STE 250 ARLINGTON, VA 22201	PAC		,	VA	527				NATIONA ASSOCIA	AL GROCERS ATION	Yes	
45-4018300												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 20	019

(a) Name, address, and related organizat		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d</b> ) Direct controlling entity	(e) Predominan income(relate unrelated, excluded fro tax under sections 512 514)	n total incom		Disprop	h) rtionate tions?	(i) Code V-UE amount in b 20 of Schedule K (Form 106	I Ger ox ma pa -1	(j) neral or naging rtner?	( <b>k)</b> Percent owners
								res	No		16:	110	
											_	_	
Identification of Related On because it had one or more re	rganizations Taxable as a C	Corporation	or Trus	<b>t.</b> Complete	e if the orga	nization an	swered "Ye	s" on F	orm 9	990, Part	[V, lın	ie 34	
Identification of Related On because it had one or more re  (a)  Name, address, and EIN of related organization	rganizations Taxable as a C elated organizations treated as (b) Primary activity	a corporation (	on or trus (c) egal micile or foreign	st during th	(d) controlling T	(e) ype of entity corp, S corp, or trust)	(f) Share of total income	Share	(g) of end- year assets	of- Per	(h) centage	9 5	13) cont entity
because it had one or more re  (a)  Name, address, and EIN of related organization	PROVIDE TECHNOLOGY,	a corporation	on or trus (c) egal micile	Direct	(d) Tentity (C	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Per	(h) centage	e 5	(i) Section 51 13) contr entity Yes
because it had one or more re  (a)  Name, address, and EIN of related organization  SERVICE CORPORATION  RTH GLEBE RD STE 250  ON, VA 22201	elated organizations treated as (b) Primary activity	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	(d) Tentity (C	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) conti entity <b>Yes</b>
because it had one or more re  (a)  Name, address, and EIN of related organization  SERVICE CORPORATION  RTH GLEBE RD STE 250  ON, VA 22201	PROVIDE TECHNOLOGY, EQUIPMENT, FIXTURES, FINANCING AND	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	ne tax year.  (d) c controlling T entity  VAL CRS	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) cont entity <b>Yes</b>
because it had one or more re  (a)  Name, address, and EIN of related organization  SERVICE CORPORATION  ORTH GLEBE RD STE 250 ON, VA 22201	PROVIDE TECHNOLOGY, EQUIPMENT, FIXTURES, FINANCING AND	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	ne tax year.  (d) c controlling T entity  VAL CRS	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) conti entity <b>Yes</b>
because it had one or more re  (a)  Name, address, and EIN of related organization  SERVICE CORPORATION  ORTH GLEBE RD STE 250  ON, VA 22201	PROVIDE TECHNOLOGY, EQUIPMENT, FIXTURES, FINANCING AND	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	ne tax year.  (d) c controlling T entity  VAL CRS	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) cont entity <b>Yes</b>
(a) Name, address, and EIN of	PROVIDE TECHNOLOGY, EQUIPMENT, FIXTURES, FINANCING AND	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	ne tax year.  (d) c controlling T entity  VAL CRS	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) conti entity <b>Yes</b>
because it had one or more re  (a)  Name, address, and EIN of related organization  SERVICE CORPORATION  ORTH GLEBE RD STE 250  ON, VA 22201	PROVIDE TECHNOLOGY, EQUIPMENT, FIXTURES, FINANCING AND	a corporation	on or trus  (c)  egal  micile  or foreign  untry)	Direct NATION GROCE	ne tax year.  (d) c controlling T entity  VAL CRS	(e) ype of entity corp, S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Per	(h) centage nership	e 5	13) conti entity <b>Yes</b>

Schedule R (Form 990) 2019		Pa	age <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	10	:	No
d Loans or loan guarantees to or for related organization(s)	1d	i T	No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	,	No
g Sale of assets to related organization(s)	<b>1</b> g	,	No
h Purchase of assets from related organization(s)	1h	,	No
i Exchange of assets with related organization(s)	<b>1</b> i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	1	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)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	n Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	,	No

		1 ,	í	
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	$\vdash$	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	n 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)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
а	Reimbursement hald by related organization(s) for expenses	<b>1</b> q		No

Schedule R (Form 990) 2019

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>(b)</b> Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or <b>Yes</b>	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	(h) Disproprtionate allocations?  Yes No		General or managing partner?  Yes N		(k) Percentage ownership
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Fo	Pag	ge <b>5</b>							
Part VII	Supplemental Information								
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)							
Retu	rn Reference	Explanation							