Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 cale

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.

Α	For th	e 2013 calendar year, or tax year beginning and ending			
В	Check if applicab	C Name of organization	D Employer id	lentifi	cation number
	Addre	MICHIGAN RESTAURANT ASSOCIATION Doing Business As	LOSURE		
	Name	Doing Business As	3	8-1	222731
Ē	Initial		ulte E Telephone n	umbe	r
F	Termi		Julia Control)482-5244
=	ated Amer	ded City or town state or province country, and ZID or foreign postal code	G Gross receipts \$		2,803,571.
F	returr Appli				
L	Ition pendi	DANSING, MI 40933	H(a) Is this a gr		
		F Name and address of principal officer:BRIAN DEBANO	for subord		
-	enersky st	SAME AS C ABOVE			ncluded? Yes No
_					list. (see instructions)
_		te: > WWW.MICHIGANRESTAURANT.ORG	H(c) Group exe		
	- 1		ear of formation: 19	40 N	State of legal domicile: MI
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PROMO	TE THE FOO	D S	ERVICE
Š		INDUSTRY BY ACTING AS A RESEARCH AGENCY AND	CLEARINGHO	USE	•
Ľ	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its	net as	ssets.
š	3	Number of voting members of the governing body (Part VI, line 1a)		3	43
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		_	43
ο O	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			26
iţie	6	Total number of volunteers (estimate if necessary)		-	61
Activities & Governance	72	Total unrelated business revenue from Part VIII, column (C), line 12			484,147.
Ą	1 4	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
-	ь	Net unrelated pusitiess taxable income from 590-1, line 54		170	
		Contributions and sugarts (Doct VIII line 41s)	Prior Year	0.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	1 522 0		1 606 130
/en	9	Program service revenue (Part VIII, line 2g)	1,532,0		1,606,139.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,6		8,838.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,142,2		1,188,594.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,690,9	27.	2,803,571.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,140,5	90.	1,196,104.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	ь	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,333,7	27.	1,416,956.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,474,3		2,613,060.
	10	Revenue less expenses. Subtract line 18 from line 12	216,6	$\overline{}$	190,511.
Net Assets or	3		Beginning of Current		End of Year
ets	20	Total assets (Part X, line 16)	4,629,1		4,316,826.
ASS	21	Total liabilities (Part X, line 16)	2,662,7	_	2,062,488.
let /	22	Net assets or fund balances. Subtract line 21 from line 20	1,966,3		2,254,338.
	art II	Signature Block	1,300,3	0 2 .	2,234,330.
-			stamonta and to the bac	* 06 00	v knowledge and heliaf it is
		lities of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and bellet, it is
true	e, correc	at, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	parer has any knowledge	3.	
		Signature of officer	Data		
Sig	jn 💮	[5]	Date		
He	re	BRIAN DEBANO, PRESIDENT/CEO			
_		Type or print name and title		-	
		Print/Type preparer's name Preparer's signature	Date Ch	eck	PTIN
Pai	d	BRUCE J. DUNN, CPA		f-employe	
Pre	parer	Firm's name MANER COSTERISAN, P.C.	Firm's El	N 🕨	38-2157642
Use	Only	Firm's address 2425 E. GRAND RIVER AVE, SUITE 1			
		LANSING, MI 48912	Phone n	0.51	7-323-7500
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	O CONTROL OF THE CONT		X Yes No
		THE PARTY OF THE P			

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 X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 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 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 X 5 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 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 X 10 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, Х Part VI 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b 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 Х 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 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 Х 16 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 17 Х 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 X 18 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X Schedule J 23 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 X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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 Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 X 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Х 37

Form 990 (2013)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

4	Check if Schedule O contains a response or note to any line in this Part V			
		1,123,533	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
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		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
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	\neg	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a	-	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
•	Note. See the instructions for additional information the organization must report on Schedule O.	iJa		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		_	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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				X
Sec	tion A. Governing Body and Management				
	V 190			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	43			
	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	43			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any or				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supr				
•	of officers, directors, or trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	х	- 41
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o		-	-11	
7 4	more members of the governing body?	1	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders		10		-
D	persons other than the governing body?	·	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow		70	_	Δ
o a	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9			on	Λ	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code		9		Λ
000	tion D. 1 Onotes (mis Section B requests information about policies not required by the internal nevenue Cour	3.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili		IUa	Λ	-
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g trie lonn:	Ha	-72	
12a			12a	х	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		IZU		
·	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by indeper		14	-21	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Ident			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		190		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
IUa		1	40-		v
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation.		16a	-	<u>X</u>
D		Dation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
500	exempt status with respect to such arrangements? tion C. Disclosure		16b		
			_		
17	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 50	11(0)(2)0 0=1:1 =	inile E	0	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 for public inspection, Indicate how you made these available. Check all that apply	r (c)(o)s only) a	valiabl	C	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule	. (1)			
40		,	£:	_:_!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of inte	rest policy, and	finan	cial	
00	statements available to the public during the tax year.	£41			
20	State the name, physical address, and telephone number of the person who possesses the books and records of	ι της organizati	on: 🗩		
	TINA THOMPSON - 517-482-5244				
	225 W. WASHTENAW, LANSING, MI 48933				

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, and 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.

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c		ition	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JANET SOSSI BELCOURE	2.00									
IMMEDIATE PAST CHAIR	0.00	X		X		-		0.	0.	0.
(2) DENNIS BRINKER	2.00	x						0.	0.	0
PAST CHAIR	2.00	_				H		0.	U.	0.
(3) REID L. ASHTON	2.00	X						0.	0.	0.
PAST CHAIR (4) RICHARD CREGAR	2.00	Δ				-		0.	0.	- 0.
PAST CHAIR	2.00	х						0.	0.	0.
(5) MATT DURACK	2.00									
PAST CHAIR		X						0.	0.	0.
(6) JIM EGGL	2.00									2,1300
PAST CHAIR		X						0.	0.	0.
(7) ROBERT FISH	2.00									
PAST CHAIR		X				L		0.	0.	0.
(8) JERRY L. FOURNIER	2.00									
PAST CHAIR		X	_				_	0.	0.	0.
(9) CRAIG HEATH	2.00									
PAST CHAIR		X	_		_	L	_	0.	0.	0.
(10) JON GOULD	2.00									
PAST CHAIR	0.00	X	_				_	0.	0.	0.
(11) MICHAEL GIBBONS	2.00	,,								0
PAST CHAIR	2.00	Х	_		-	H		0.	0.	0.
(12) CONRAD KNAPE	2.00	х						0.	0.	0.
PAST CHAIR	2.00	^	_			-		0.	0.	0.
(13) JEFF LOBDELL	2.00	x						. O .	0.	0.
PAST CHAIR (14) DUDLEY MARVIN	2.00	^				\vdash		0.	0.	0.
PAST CHAIR	2.00	х						0.	0.	0.
(15) WILLIAM ROBERTS	2.00	-								
PAST CHAIR		x						0.	0 •	0.
(16) LARRY SCHULER	2.00									
PAST CHAIR		x						0.	0.	0.
(17) SUSAN ZEHNDER	2.00									
PAST CHAIR		X						0.	0.	0.
222007 10 20 12										Form 990 (2013)

332007 10-29-13

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	-		
(A)	(B)	(C) Position						(D)	(E)		(F)	
Name and title	Average	(do				า e than	one	Reportable	Reportable		stimat	
	hours per week					is bo or/trus			compensation	a	mount	
	(list any	-	T			Т	T	from the	from related organizations	001	other npensa	
	hours for	direct				ļ,			(W-2/1099-MISC)		from th	
	related	tee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************		ganiza	
	organizations	ndividual trustee or director	nstitutional trustee		Кеу етрюуее	Highest compensated employee				a	nd rela	ted
	below	ividua	lign Bi	Officer	ешы	hest c	ше			orç	ganizat	ions
¥	line)	르	III.	8	Key	운등	횬			-		
(18) VICTOR ANSARA	2.00											201
DIRECTOR	2 22	X	_		<u> </u>	-	-	0.	0	•		0.
(19) MICHAEL ANSLEY	2.00									1		~
DIRECTOR	2 00	X		-	-	+	┈	0.	0	-		0.
(20) EVE ARONOFF	2.00	3,							_			^
DIRECTOR	2 00	Х	-		-	-	\vdash	0.	0	-		0.
(21) ROB BRUCE	2.00	x						0.	0			0
DIRECTOR	2.00	^			₩	\vdash	╁	0.	U.	-		0.
(22) MARK BURZYCH	2.00	X						0.	0			0.
DIRECTOR	2.00	^	-		-	+	╁	0.	0	+		0.
(23) TODD CALLEWAERT	2.00	x						0.	0			0.
DIRECTOR	2.00	^			1	\vdash	1	0.	U	+		0.
(24) DAVE DITTENBER DIRECTOR	2.00	x						0.	0			0.
(25) JULIE DOYLE	2.00						\vdash			1		0.
DIRECTOR	2.00	x						0.	0			0.
(26) DEB FRATRIK	2.00					\vdash	\vdash			†		
DIRECTOR	2100	x						0.	0			0 .
1b Sub-total		_		*	-			0.	0			0.
c Total from continuation sheets to Part V								231,056.	0		17,9	
d Total (add lines 1b and 1c)							•	231,056.	0		L7,9	
2 Total number of individuals (including but r							ho r	received more than \$100	0,000 of reportable			
compensation from the organization												1
										_	Yes	No
3 Did the organization list any former officer,				-		-						
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	•							•	~			
and related organizations greater than \$15										4	X	_
5 Did any person listed on line 1a receive or a								ted organization or indiv	idual for services			**
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				5	-	X
Section B. Independent Contractors								11-1	A400.000 f			
1 Complete this table for your five highest co	-								•	sation	Trom	
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	vitni		year.		·C)	
(A) Name and business	address	NO	INC	F.				(B) Description of s	services		(C) ensatio	n
		141	J141	_								
2												
2 Total number of independent contractors (i		ot li	mite	d to		-	sted	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation >	n		. m	_	0		DDMG		_	000	

SEE PART VII, SECTION A CONTINUATION SHEETS

	N RESTAU								38-122	2731
Part VII Section A. Officers, Directors,	Trustees, Key Er	mple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(check all			all that apply)			compensation	compensation	amount of
	per week (list any hours for related	ustee or director	trustee		Ð	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest com	Former			organizations
(27) ANDREW FRENCH DIRECTOR	2.00	х						0.	0.	0.
(28) BRAD HANSEN	2.00							_		
DIRECTOR		X					_	0.	0.	0.
(29) PAUL HESS	2.00									
DIRECTOR		X						0.	0.	0.
(30) STEVE LOFTIS	2.00									<u> </u>
DIRECTOR	0.00	X			\vdash			0.	0.	0.
(31) BRIAN MCALLISTER	2.00	x						0.	0.	٥
DIRECTOR (32) SEAN MCCAUSLAND	2.00	^			H		_	0.	0.	0.
DIRECTOR	2100	x						0.	0.	0.
(33) MARK MITRA	2.00	-			П					
DIRECTOR		X						0.	0.	0.
(34) RAY ROBERTS	2.00									
DIRECTOR		Х						0.	0.	0.
(35) KEITH SIROIS	2.00									
DIRECTOR		X					_	0.	0.	0.
(36) MARK SELLERS	2.00	١.,							0	0
DIRECTOR (7/1/13-12/31/13)	2.00	X	_				-	0.	0.	0.
(37) MARK KRAUSE DIRECTOR (7/1/13-12/31/13)		х						0.	0 •	0.
(38) MINDY LOPUS	2.00									
DIRECTOR (1/1/13-7/31/13)		X						0.	0.	0.
(39) TOM ZIOLKOWSKI	2.00	١							•	-
DIRECTOR (1/1/13-4/30/13)	2.00	X	-		\vdash		_	0.	0.	0.
(40) MARY BRADY	2.00	x						0.	0.	0
DIRECTOR (1/1/13-1/31/13)	2.00	^						U •	0.	0.
(41) KEN MILLER	2.00	x		x				0.	0.	0.
TREASURER (42) JIM HOLTON	2.00	1		<u> </u>					0.	
VICE CHAIR	2100	x		x				0.	0.	0.
(43) BRAD KEEN	2.00									
CHAIR		X		X				0.	0 .	0 •
(44) BRIAN DEBANO	38.00									
PRESIDENT/CEO		X		X				157,479.	0.	9,624.
(45) TRACHELLE G. GINDER	38.00									
VP OF FINANCE & ADMIN				X				73,577.	0 •	8,326.
					Ш					
Total to Part VII, Section A, line 1c								231,056.		17,950.

Form 990 (2013) MICHIGAN RESTAURANT ASSOCIATION
Part VIII Statement of Revenue

-			Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
			CHOOK W CONSTANT			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1	a	Federated campaigns	1a					
ir I			Membership dues]			
Ę,º			Fundraising events	14 (CO) O 12 (CO) 13 (CO)		1			
# i			Related organizations			1			
S E			Government grants (contribut						
e s			All other contributions, gifts, gran			1			
돌힐		•	similar amounts not included above						
플립		_	Noncash contributions included in lines	200000 5		1			
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f						
		••			Business Code				
ا به	2	а	MEMBERSHIP DUES			1,085,629.	1.085.629.		
الع خ	_		EDUCATIONAL SEM		611710	520,510.			
Program Service Revenue		c							
E 왕		d							
ğ.		_							
포		f	All other program service reve	enue					
		'n	Total. Add lines 2a-2f		•	1,606,139.			
_	3	21	Investment income (including	dividends, intere					
	_		other similar amounts)			8,838.			8,838.
	4		Income from investment of tax						, , , , , ,
	5		Royalties		50				
	Ū			(i) Real	(ii) Personal				
	6	2	Gross rents	(7,100.	(1)				
	_	b	Less: rental expenses						
			Rental income or (loss)						
			h1		•	1			
			Gross amount from sales of	(i) Securities	(ii) Other			-	
	'	ч	assets other than inventory	(y coodinios	(1) (1)	1			
		h	Less: cost or other basis			1			
			and sales expenses					,	
		_	Gain or (loss)						
		4	Net gain or (loss)			1			
	۵	2	Gross income from fundraising						
	٥	-	including \$	of					
Other Revenu			contributions reported on line						
~ ×			Part IV, line 18	•					
ᇎ		Ь	Less: direct expenses			1			
δ			Net income or (loss) from fund		>				
			Gross income from gaming ac	- 1					
	,		Part IV, line 19						
		h	Less: direct expenses			1			
			Net income or (loss) from gam		•	1			
			Gross sales of inventory, less		······				
	10	a	and allowances						
		h	Less: cost of goods sold			1			
			Net income or (loss) from sale			1			
Ì		_	Miscellaneous Revenu		Business Code				
Ì	11	2	PROMOTIONAL FEE		541900	478,171.	239,704.	238,467.	
			TRADE SHOW/SEMI		541900	464,743.	235,701.	230,407	464,743.
		b	PUBLICATION	TATE	541800	144,398.		144,398.	202/123
					541900	101,282.		101,282.	
			All other revenue			1,188,594.		101,404.	
	12	ď	Total revenue. See instructions.			2,803,571.	1 845 843	484,147.	473,581.
33200	9		Total revenue. Occ monuctions.	***************************************		2,000,011.	<u>,040,040</u> ;	20271211	Form 990 (2013)

Form 990 (2013) MICHIGAN REST
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	249,005.			
6	trustees, and key employees Compensation not included above, to disqualified	249,003.			
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	704,216.			
8	Pension plan accruals and contributions (include	701/2201			
•	section 401(k) and 403(b) employer contributions)	45,526.			
9	Other employee benefits	117,487.			
10	Payroll taxes	79,870.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,490.			
С	Accounting	20,431.			
d	Lobbying	194,871.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,747.			
g		F0 600			
	column (A) amount, list line 11g expenses on Sch 0.)	58,680.			
12	Advertising and promotion	47,812.			
13	Office expenses	40,856.			
14	Information technology	38,588.			
15 16	Royalties Occupancy	230,073.			
17	Travel	42,725.			
18	Payments of travel or entertainment expenses	12/1251			
	for any federal, state, or local public officials	8,408.			
19	Conferences, conventions, and meetings	134,495.			
20	Interest	84,408.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,043.			
23	Insurance	9,074.			
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 0.)				
а	EDUCATIONAL EXPENSES	194,910.			
b	OPERATIONAL EXPENSES	90,533.			
С	GOVERNMENT AFFAIRS	89,589.			
d	MISCELLANEOUS	13,855.			
е	All other expenses	6,368.			
25	Total functional expenses. Add lines 1 through 24e	2,613,060.			
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)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
- 6		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,169,797.	2	1,051,656.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		340,032.	4	226,839	
	5	Loans and other receivables from current and for	ormer off	icers, directors,			
		trustees, key employees, and highest compens	ated emp	oloyees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	1 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net		7			
ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			101,084.	9	106,793
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	3,779,283.			
	b		10b	847,745.	3,018,223.	10c	2,931,538
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			4,629,136.	16	4,316,826
	17	Accounts payable and accrued expenses			62,493.	17	91,020
	18	Grants payable		1.1	18		
	19	Deferred revenue		737,492.	19	653,735	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္ဆ	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
Ě		key employees, highest compensated employee	es, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
ا ت	23	Secured mortgages and notes payable to unrela			1,823,889.	23	1,275,385
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			38,900.	25	42,348.
_	26	Total liabilities. Add lines 17 through 25			2,662,774.	26	2,062,488.
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
S S		complete lines 27 through 29, and lines 33 ar					
auc	27	Unrestricted net assets			1,966,362.	27	2,254,338
Net Assets or Fund Balances	28	Temporarily restricted net assets	(19X8)			28	
힏	29					29	
፤		Organizations that do not follow SFAS 117 (A	SC 958)	, check here			
6		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed				31	
i i	32	Retained earnings, endowment, accumulated in		25/24/54/17/55/37		32	
۷	33	Total net assets or fund balances			1,966,362.	33	2,254,338.
	34	Total liabilities and net assets/fund balances		202000000000000000000000000000000000000	4,629,136.	34	4,316,826.

Pa	rt XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,61	3,0	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	19	0,5	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,96	6,3	62.
5	Net unrealized gains (losses) on investments	5	9	7,4	65.
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	2,25	4,3	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*******		*****	X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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?	0	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?	21121212121212121	. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2013)

332012 10-29-13

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			Empl	loyer identification number
	MICHIGA	N RESTAURANT ASS	OCIATION		38-1222731
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours			> \$	
		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	······· \$	a
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	ganization is exempt und	or coation 501(a)	eveent coetion 501/	(0)(3)
	Enter the amount directly expende Enter the amount of the filing organ				
2			•		
2	exempt function activities Total exempt function expenditure				/
3	line 17b			> ¢	
4	Did the filing organization file Form	1120-POL for this year?	***************************************	······································	Yes No
	Enter the names, addresses and e				
_	made payments. For each organiza			•	
	contributions received that were p	romptly and directly delivered to a	separate political orga	nization, such as a separa	ite segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part I	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0-	delivered to a separate
					political organization.
					If none, enter -0

LHA 332041 Schedule C (Form 990 or 990-EZ) 2013

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013 M3	CHIGAN RI	ESTAURANT AS	SSOCIATION	38-	1222731 Page 2
Part II-A Complete if the organ	ization is exe	mpt under section	on 501(c)(3) and file	d Form 5768	
(election under section					
1114	=	= : :	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	f excess lobbying	expenditures).			
B Check Lifthe filing organization	n checked box A a	and "limited control" pr	rovisions apply.		
Limits o (The term "expenditu	on Lobbying Expe ires" means amo		L)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines			Anti-contract to the contract		
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (b		bbying nontaxable an	1		
Not over \$500,000		f the amount on line 1			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exc			
Over \$17,000,000	\$1,000				
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o		***************************************			
i Subtract line 1f from line 1c. If zero or			2004 CONTROCK CONTROL STREET S		
j If there is an amount other than zero	17.00				
reporting section 4911 tax for this yea	_		***************************************		Yes No
	4-Year Av	veraging Period Unde section 501(h) election		lete all of the five	
	Lobbying Expe	enditures During 4-Ye	ear Averaging Period		¥
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 MICHIGAN RESTAURANT ASSOCIATION 38-122273 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1 1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
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				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or se	ction	
	501(c)(6).				
			5:	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	t III-A, lin	
1	Dues, assessments and similar amounts from members			1,085	,629.
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).			101	0.71
а	Current year			194	,871.
b				404	0.71
С					871.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	434	,252.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?			000	201
5	Taxable amount of lobbying and political expenditures (see instructions)	******	5	-239	,381.
Pai	Control of Bibliographic actions and the Control of Con				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou complete this part for any additional information.	o list); Part I	II-A, line 2; a	nd Part II-B	, line 1.
,					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 38-1222731

	MICHIGAN RESTAURANT ASSOCIATION	38-1222731
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	
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)	ally important land area
	Protection of natural habitat Preservation of a certified h	nistoric 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 contribution contribution in the form of a conservation contribution contri	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	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	nization 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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
D-	conservation easements.	Circilan Assata
Pai	Tt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
-	Complete if the organization answered "Yes" to 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 a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical 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:	. .
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Dart VIII	Investments -	Other Sc	accuritiae .

	to rolling 350, realt rv, line	11b. See Form 990, Part X,	IIIIO 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		W	
Part VIII Investments - Program Related.		파악함 30	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		I.	
. 41.1.1.1			
	to Form 990 Part IV line	11d See Form 990 Part X	line 15
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line Description	11d. See Form 990, Part X,	line 15. (b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X,	
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description le 15.) to Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4) (5)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4) (5) (6)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4) (5) (6) (7)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4) (5) (6) (7) (8)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED VACATION (3) (4) (5) (6) (7)	Description le 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, l	(b) Book value

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 X

Schedule D (Form 990) 2013

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.

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

PART X, LINE 2:

EXPLANATION: IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN

BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS.

MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX

POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND

PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR

RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL TAX

RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING

AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.

Schedule D (Form 990) 2013	MICHIGAN	RESTAURANT	ASSOCIATION	38-1222731	Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental	Information (continue	d)			
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SCHEQULE 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. ➤ See separate instructions.

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

Employer identification number

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MICHIGAN RESTAURANT ASSOCIATION 38-1222731

Pa	art 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 in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	2/014A1		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	20060000	ļ	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	-	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	-		
	The organization?	5a		_
D	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?			_
þ	Any related organization?	6b		_
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	_
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		. 000	0046
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	dule J (Forr	n 990)) 2U13

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MICHIGAN RESTAURANT ASSOCIATION

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(l)(a)	reported as deferred in prior Form 990
(1) BRIAN DEBANO	€ €	157,479.	0	0	0	9,624.	167,103	0
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SCHEDULE O (Form 990 or 990-EZ)

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.

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 38-1222731

MICHIGAN RESTAURANT ASSOCIATION

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE CLASSES OF MEMBERS INCLUDE ACTIVE, ALLIED, NON-PROFIT,

AMBASSADOR, AND SUSTAINING. ACTIVE MEMBERS AND ALLIED MEMBERS HAVE VOTING

RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE CLASSES OF MEMBERS INCLUDE ACTIVE, ALLIED, NON-PROFIT,

AMBASSADOR, AND SUSTAINING. ACTIVE MEMBERS AND ALLIED MEMBERS ARE ENTITLED

TO VOTE. NON-PROFIT MEMBERS AND AMBASSADOR MEMBERS SHALL NOT BE ENTITLED

TO VOTE FOR THE ELECTION OF DIRECTORS OR VOTE AT THE ANNUAL MEETING.

SUSTAINING MEMBERS SHALL NOT BE ENTITLED TO VOTE AND SHALL NOT BE ACCOUNTED

FOR IN THE MEMBERSHIP TOTALS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FINANCE COMMITTEE MEETS, EITHER AS PART OF A FULL BOARD

MEETING OR SEPARATELY EVERY MONTH, TO REVIEW THE FINANCIAL STATEMENTS. THE

990 IS RECEIVED AND REVIEWED FOR ACCURACY BY THE BOARD OF DIRECTORS. IN

ADDITION, THE AUDIT PARTNER FROM THE CPA FIRM PRESENTS THE AUDIT REPORT

ANNUALLY TO THE BOARD AT A BOARD MEETING. UPON THE BOARD'S APPROVAL OF THE

990, IT IS REVIEWED AND SIGNED BY THE PRESIDENT/CEO AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: COVERED INDIVIDUALS WILL SUBMIT ANNUAL REPORTS ON THE MRA

CONFLICT OF INTEREST STATEMENT FORM AND, IF NOT PREVIOUSLY DISCLOSED, WILL

MAKE DISCLOSURE BEFORE ANY RELEVANT BOARD, OFFICER OR COMMITTEE ACTION.

THESE REPORTS WILL BE REVIEWED BY THE FINANCE COMMITTEE, WHICH WILL ATTEMPT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

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09-04-13

TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT(S) AND IN THE ABSENCE OF
RESOLUTION REFER THE MATTER TO THE MRA BOARD OF DIRECTORS. IF THE BOARD OF
DIRECTORS HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED INDIVIDUAL HAS
FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL
INFORM THE COVERED INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND AFFORD THE
COVERED INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO
DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE COVERED INDIVIDUAL AND
AFTER SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES,
THE BOARD OF DIRECTORS DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO
DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE
APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE GROUNDS
FOR REMOVAL OR TERMINATION OF THE POSITION OF THE COVERED INDIVIDUAL, OR
THE TERMINATION OF ANY CONTRACTUAL RELATIONSHIP BETWEEN MRA AND THE COVERED
INDIVIDUAL.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE THAT

GATHERS MARKET ANALYSIS AND INDUSTRY STANDARDS. AFTER ANALYZING THE DATA,

THE COMMITTEE DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO. THE

COMPENSATION COMMITTEE ALSO GATHERS INFORMATION FROM MARKET STUDIES AND

INDUSTRY STANDARDS FOR ALL STAFF POSITIONS. HOWEVER, THE PRESIDENT/CEO

DETERMINES THE FINAL SALARY AMOUNT FOR ALL STAFF MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: ALL INFORMATION IS AVAILABLE UPON REQUEST. THIS INFORMATION

IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization MICHIGAN RESTAURANT ASSOCIATION	Employer identification number 38-1222731
EXPLANATION: MICHIGAN RESTAURANT ASSOCIATION HAS A COMMIT	
ASSUMES RESPONSIBILTY FOR OVERSIGHT OF THE AUDIT OF ITS F	INANCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. T	HIS PROCESS
HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 4562	
EXPLANATION: EMPLOYER IDENTIFICATION NUMBER: 38-1222731	
FOR THE YEAR ENDING DECEMBER 31, 2013	
MICHIGAN RESTAURANT ASSOCIATION, HEREBY ELECTS, PURSUANT	TO IRC SEC.
168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 100% DEPRE	CIATION
ALLOWABLE UNDER IRC SEC. 168(K) FOR THE FOLLOWING QUALIFY	ING PROPERTY
PLACED IN SERVICE DURING THE TAX YEAR ENDING DECEMBER 31,	2013.
ALL PROPERTY IN THE 5 YEAR CLASS.	
SEE ATTACHED FORM 4562.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047	2013	Open to Public Inspection

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

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

MICHIGAN RESTAURANT ASSOCIATION

Employer identification number 38-1222731

(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	
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.	itions Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34 bec	ause it had one c	r more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13)
MICHIGAN RESTAURANT EDUCATIONAL SUPPORT FOUNDATION - 38-2979910, 225 W. WASHTENAW, TANSING MT 48933	TO PROVIDE EDUCATIONAL	MICHIGAN	501(0)(3)	T 411 TA	4		×

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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. Part III

(a)	(q)	(0)	(p)	(e)	£	(b)	(F)	(i)	9	(K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	S? S	Code V-UBI amount in box 20 of Schedule 4:1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
		(free part)		,						
					.5					

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. Part IV

	(f) (g) (h)	Illing Type of entity Share of total Share of Per (C corp., S corp., or trust)							
ie ian year.	(b) (c)	Primary activity Legal domicile (state or foreign country)							
organizations treated as a corporation of these day year.	(a)	Name, address, and EIN of related organization							

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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				Xax	N N
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?	ns with one or more re	lated organizations listed	I in Parts II-IV?	<u> </u>	_
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1	×
(C)				5	×
d Loans or loan quarantees to or for related organization(s)				7	×
Loans or loan guarantees by related organization(s)	***************************************			9	×
				;	\$
T Dividends from related organization(s)		***************************************	***************************************	=	4
	***************************************			100	×
				Ŧ	×
i Exchange of assets with related organization(s)				ij	×
related organization(s)				;	×
k Lease of facilities, equipment, or other assets from related organization(s)	•			¥	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			<u>E</u>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			-	×
o Sharing of paid employees with related organization(s)					×
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************			
p Reimbursement paid to related organization(s) for expenses				d,	×
	***************************************	***************************************		10	×
r Other transfer of cash or property to related organization(s)				+	×
(s)	, , , , , , , , , , , , , , , , , , ,			1s	×
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.	who must complete the	is 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	volved	
(1)					
(2)					
(3)					8
(4)					
(5)					
(9)					
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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.

Name, address, and EIN of entity	Primary activity	(c) Legal domicile (state or foreign country)	Predominant income patiers sec. (related, unrelated, excluded from tax under section 512-514) Yes No	(t) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations?	(1) (1)	General or managing partner?	(k) Percentage ownership
	1								

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Part VII	Supplemental Info	rmation				
			to questions on Sche	dule R (see instructions).		
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-						
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