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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning AUG 1, 2008 and ending JUL 31, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
School Nutrition Association of Virginia

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3214 Electric Road 301

City or town, state or country, and ZIP + 4
Roanoke, VA 24018

D Employer identification number
54-0988258

E Telephone number
(540)777-2452

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method: [X] Cash ☐ Accrual Other (specify) ▶

I Website: ▶ http://www.sna-va.org/

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— [X] 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 234,960.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	145,483.
	3	Membership dues and assessments		3	78,251.
	4	Investment income		4	11,226.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	234,960.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	36,251.
	13	Professional fees and other payments to independent contractors		13	660.
	14	Occupancy, rent, utilities, and maintenance		14	3,000.
	15	Printing, publications, postage, and shipping		15	10,680.
	16	Other expenses (describe ▶ See Statement 1)		16	183,580.
	17	**Total expenses** Add lines 10 through 16 ▶		17	234,171.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	789.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	294,102.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	294,891.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	294,102.	22	294,891.
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	294,102.	25	294,891.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	294,102.	27	294,891.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 See Statement 4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 86,860.

29 See Statement 5

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 45,494.

30 See Statement 6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 10,680.

31 Other program services (attach schedule) See Statement 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 35,470.

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 178,504.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Statement 3		36,251.		

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ None			
42a	The books are in care of ▶ Elizabeth Wimmer Telephone no. ▶ (540)777-2452			
	Located at ▶ 3214 Electric Road, Suite 301, Roanoke, VA ZIP + 4 ▶ 24018			
b	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)?	42b		X
	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		0

Sign Here

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

▶ ✓ Elizabeth Wimmer — Signature of officer — Date 11-3/10

▶ ✓ Elizabeth Wimmer, Coordinator — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ✓ Don Clark — Date 10/22/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Brown, Edwards & Company, LLP, 124 Newman Avenue, Harrisonburg, VA 22801 — EIN ▶ — Phone no. ▶ (540) 434-6736

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

Form 990-EZ Other Expenses Statement 1

Description	Amount
Conferences, conventions, etc	163,712.
Special projects and programs	4,111.
Insurance	2,518.
Office expense	2,499.
Administrative expense	584.
Payroll taxes	2,761.
Telephone	1,504.
Travel	2,054.
Postage	859.
Supplies and miscellaneous	2,978.
Total to Form 990-EZ, line 16	183,580.

FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts Statement 2

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

Form 990-EZ Part IV - List of Officers, Directors, Trustees and Key Employees Statement 3

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
Ruth Cummings, 4044 Rivershore Road, Portsmouth, VA 23703	President 12.50	0.	0.	0.
Rhonda Huffman 5937 Cove Road, Roanoke, VA 24019	President-Elect 12.50	0.	0.	0.
Jane Haley, 597 Jolly Pond Road, Williamsburg, VA 23188	Treasurer 17.50	0.	0.	0.
Bonnie Johnson, 1647 Atlantic Ave, Chesapeake, VA 23324	Employee/Managers Chair 1.00	0.	0.	0.
Cathy Alexander, 700 Hogan Drive, Newport News, VA 23606	Supervisor Section Chair 4.00	0.	0.	0.
Greag Breamer, 14248 Achievement Dr, Culpeper, VA 22701	Director (Region 1) 3.00	0.	0.	0.
Tom Giusto, 11813 Chadwick Ln, Petersburg, VA 23805	Director (Region 5) 1.00	0.	0.	0.
Pat Mongold, 16324 Mt. Valley Rd, New Market, VA 22844	Director (Region 2) 3.00	0.	0.	0.
Sue Washburn, 8367 Fairy Stone Park Hwy, Bassett, VA 24055	Director (Region 6) 3.00	0.	0.	0.
Debbie Paschall 106 Woods Rd, Seaford, VA 24019	Director (Region 3) 3.00	0.	0.	0.
Karen Rush, 273 Woodland Circle, Bristol, VA 24201	Director (Region 7) 1.00	0.	0.	0.
Edwina Forrest, 1408 White Blaze Ct, Virginia Beach, VA 23464	Director (Region 4) 2.00	0.	0.	0.
Janette Hiner P.O. Box 135, Rustburg, VA 24588	Director (Region 8) 1.00	0.	0.	0.
Lisa Winter, 2132 Tall Pines Bend, Virginia Beach, VA 23456	Education Committee Chair 4.00	0.	0.	0.

Jim Green, 12707 Fox Meadow Dr, Richmond, VA 23233	Industry Advisor Chair 2.00	0.	0.	0.
Linda Harris, 4714 Lawyer Rd, McGaheysville, VA 22840	Member Services Chair 4.00	0.	0.	0.
Linda Irby, 502 Meadowfield Rd, Yorktown, VA 23692	Public Policy & Legislation C 7.50	0.	0.	0.
Elizabeth Wimmer 5130 Hildebrand Rd, Roanoke, VA 24012	Coordinator 40.00	36,251.	0.	0.
Totals Included on Form 990-EZ, Part IV		36,251.	0.	0.

Annual three-day conference held for all association members. Holds general sessions, workshops, interest sessions, and business sessions for delegates and exhibits by food service vendors all to update skills and promote professionalism.

Annual two-day supervisor's conference and mini-meeting held in eight regions of the state. These conferences and meetings provide educational, instructional and job-related services.

Publication of "The News of School Food Service Asociation" journal three times per year. This is a professional journal designed to educate and inform members and is sent to all members of the association.

To promote the optimal health, nutrition and education of all children by supporting nutritionally adequate and educationally sound, financially accountable, nonprofit child nutrition and school community nutrition programs. To promote high standards for child nutrition and school community nutrition programs with emphasis on nutritionally adequate meals which are appealing to children. To promote united efforts between school personnel, allied organizations, industry and the public to assure every child an opportunity to receive the benefits of the child nutrition education programs. To promote high standards, provide appropriate educational program incentives and recognition for professional development of child nutrition personnel. To promote research and development in child nutrition programs. To promote the establishment of a national nutrition policy and legislation which provides optimal nutrition and nutrition education for children.

Form 990-EZ Other Program Services Statement 8

Description	Grants	Expenses
Legislative conference	0.	31,359.
Other special projects and programs	0.	4,111.
Total to Form 990-EZ, line 31		35,470.