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Form 990-EZ  Department of the Treasury Internal Revenue Service	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-1150 2009
	▶ 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. ▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08-01-2009, and ending 07-31-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SCHOOL NUTRITION ASSOCIATION OF VIRGINIA		D Employer identification number 54-0988258
		Number and street (or P. O. box, if mail is not delivered to street address) 3214 ELECTRIC ROAD No 301		E Telephone number (540) 777-2452
		City or town, state or country, and ZIP + 4 ROANOKE, VA 24018		F Group Exemption Number 1

* 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 ☒ Cash ☐ Accrual Other (specify) ▶	
I Website: ▶ http://www.sna-va.org/		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— ☒ 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **►** \$ 249,768

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	139,381
	3	Membership dues and assessments	3	103,671
	4	Investment income	4	6,716
	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)	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	249,768	

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	36,693
	13	Professional fees and other payments to independent contractors	13	300
	14	Occupancy, rent, utilities, and maintenance	14	3,050
	15	Printing, publications, postage, and shipping	15	9,738
	16	Other expenses (describe )	16	184,888
	17	Total expenses. Add lines 10 through 16 	17	234,669

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,099
	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	294,891
	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	309,990

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 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	294,891	22 309,990
23	Land and buildings		23
24	Other assets (describe _____)		24
25	Total assets	294,891	25 309,990
26	Total liabilities (describe _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	294,891	27 309,990

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? 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			
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, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	183,001

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

Part VOther Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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	
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 outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Elizabeth Wimmer Telephone no (540) 777-2452 3214 Electric Road Suite 301 Located at 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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

50 Complete this table for the organization's 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

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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.			
	***** Signature of officer		2011-03-15 Date	
Paid Preparer's Use Only	Cathy Alexander TREASURER Type or print name and title			
	Preparer's signature	Don Clark	Date 2011-03-15	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	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 ☒ Yes ☐ No				

Additional Data

Software ID:

Software Version:

EIN: 54-0988258

Name: SCHOOL NUTRITION ASSOCIATION OF VIRGINIA

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	92,821
29 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	47,870
30 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	9,738
Legislative conference (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		27,940
Other special projects and programs (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		4,632

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

(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
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 PO 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 & Legislatio 7 50	0	0	0
Elizabeth Wimmer 5130 Hildebrand Rd Roanoke, VA 24012	Coordinator 40 00	0	0	0

TY 2009 Other Expenses Schedule**Name:** SCHOOL NUTRITION ASSOCIATION OF VIRGINIA**EIN:** 54-0988258

Description	Amount
Conferences, conventions, etc	168,630
Special projects and programs	4,632
Insurance	2,989
Office expense	378
Administrative expense	405
Payroll taxes	2,510
Telephone	1,771
Travel	696
Postage	546
Supplies and miscellaneous	2,331

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: SCHOOL NUTRITION ASSOCIATION OF VIRGINIA

EIN: 54-0988258

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.