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123F 10/04/20164 16 PM Form 990 ...

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

4

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

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

2009

Open to Public Inspection

08/01/09 07/31/10 For the 2009 calendar year, or tax year beginning and ending Please C Name of organization Check if applicable Employer identification number use IRS Address change Georgia School Nutrition Foundation label or 58-6066402 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite Initial return See 770-934-8890 2372 Main Street Specific Termination City or town, state or country, and ZIP + 4 110,242 G Gross receipts \$ Instruc-Tucker 30084 Amended return tions GΑ F Name and address of principal officer H(a) is this a group return for Application pending affiliates? No H(b) Are all affiliates included? No Yes If "No," attach a list. (see instructions) X 501(c) ◀ (insert no) 4947(a)(1) or 527 Website: ▶ www.georgiaschoolnutri tion.com **H(c)** Group exemption number ▶ 1967 Type of organization X Corporation Trust Year of formation GA M State of legal domicile Association Part I Summarv Briefly describe the organization's mission or most significant activities Promote School Food Services & Nutrition SCANNED DEC 2 7 2018 at Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 8 0 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Pnor Year Current Year 58,957 47, 346 Contributions and grants (Parl VIII, line 1ii) 13,670 20,920 Program service revenue (Part VIII, line 2g) 6,700 3,408 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 233 24,468 26. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 93,949 107,753 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,000 16,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 53,249 93,251 17 Other expenses (Fart IX, column (A), lines 11a-11d, 11f-24f) 73,249 109,251 18 Total expenses Add lines 13-17 (must equal Part IX, column ယ္တ 19 Revenue less expenses Subtract line 18 from line 12 20,700 -1,498 Beginning of Current Year End of Year Pes 426,504 425 006 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 426 504 425,006 22 Net assets or fund balances Subtract line 21 from line 2 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Reclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Preparer's identifying number Date Check if Preparer's Paid signature employed Preparer's P.C Co., Putmai EIN > 58-16781 Firm's name (o) **Use Only** Church Rd Ste 200 2734 Méadow if self-employed), Phone address, and ZIP + 4 30097-4034 Duluth GA ▶ 678-957-1366 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009) Georgia School Nutrition Foundation 58-6066402	Page 2
Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission	
Promote School Food Services & Nutrition	
·	
2 Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	X Yes No
If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 12,000 including grants of \$ 12,000) (Revenue \$ Scholarships to students who wish to enter the field of)
non-profit school food nutrition.	
•	
4 000	-
4b (Code) (Expenses $\$$ 4,000 including grants of $\$$ 4,000) (Revenue $\$$ Grants-in-Aid to students who are already engaged in)
non-profit school nutrition programs and wish to remain	
in this field after further education.	
·	
4c (Code) (Expenses \$ 66,780 including grants of \$) (Revenue \$	
To develop and conduct vocational education in school	,
food nutrition operations. Conduct training, seminars	
and conferences.	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 82,780	
	Form 990 (2009)

_:-:	The state of the s				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			•	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	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				
•	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				
•	Did the organization report an amount for other assets related 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				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	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? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		_X
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
				000	(0000)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ľ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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	- 1	1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		
	If "Yes," complete Schedule L, Part III	27		X
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)		Ī	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ł	
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	l		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			37
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3,5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		v	
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ړ		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		Х
	19? Note. All Form 990 filers are required to complete Schedule O	38	L	Λ

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 Х account)? 4a **b** 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible? 6a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7¢ 7d | d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7_A benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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.

Sec	tion A. Governing Body and Management					·
					Yes	No
1a	Enter the number of voting members of the governing body	1a	8			
b	Enter the number of voting members that are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					İ
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inf	ernal				
Rev	renue Code.)		_ , ,			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		<u> </u>
11,	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				ļ	
	form?			11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				ł	
	describe in Schedule O how this is done			12c		$ldsymbol{f eta}$
13	Does the organization have a written whistleblower policy?			13		X
14	Does 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					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	<u> </u>	<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					•
	the organization's exempt status with respect to such arrangements?			16 <u>b</u>		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	y)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization ▶ Susan S. Cheshire 2372 Main Street					
ጥ	ucker CA 3009	≀⊿		770-93	Δ - Ω	290

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

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. Use Schedule J-2 if additional space is needed.
- 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 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization (A) Name and Title	(B) Average			(6	C) k all t	hat a	(ylga	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Josephine Mack		Ţ,							0	0
Chairman Teresa Stevenson		Х	-	 		\vdash	_	0	0	0
Trustee		x		Ì				o	o	0
Joyce Akins		^			-	 		· · · · · · · · · · · · · · · · · · ·		
Trustee		x						o	o	0
Kathy Brown				_	\vdash	 	 			
Trustee		X						ol	0	0
Nancy Bourke										
Trustee		Х				<u></u>		0	0	0
Susan Cheshire										
Trustee		X		Ĺ				0	0	0
Nancy Rice	ļ	ļ	Ì							
Trustee	·	X			_	igspace	_	0	0	0
Josephine Martin		١,,								
Trustee	<u> </u>	X			 	┢	\vdash	0	0	0
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Form 990 (2009)	Georgia	School N	utrition	Found	lation	58- <u>60</u> 6	6402					
Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
((A)	(B)	(C)		(D)							

	(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable		(F) Estima		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	CC C	amount other ompens from the organization and relation	ation ne tion ted	
		- 311. \										-		
													•	
			-											
			_											
										·				
		-												
-														
	Total													
2	Total number of individuals (increportable compensation from t	=		to th	ose I	isted	abo	ve) v	who received more than \$1					
3	Did the organization list any for	mer officer dired	ctor c	or tra	stee	kev	emn	love	e or highest compensated		F		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization.	complete Schedu 1a, is the sum o	ile Ji f repo	for sontab	uch i le co	ndıvı ımpe	dual ensat	ion a	and other compensation from			3		X
5	individual Did any person listed on line 1a	receive or accru	ue co	mpe	nsatı	on fi	om a	any u	unrelated organization for	ui		4		X
Soc	services rendered to the organition B. Independent Contractor		comp	olete	Sch	edul	e J fo	or su	ch person			5		X
1	Complete this table for your five compensation from the organiz	highest compei	nsate	d ind	lepe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
	Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensati	חכ
									· · · · · · · · · · · · · · · · · · ·					
								<u> </u>					_	
		· · · · · · · · · · · · · · · · · · ·						_				_		
								_						
2	Total number of independent or	ontractors (inclus	line t	aut n	ot lin	nted	to th	nse	listed above) who received					
4	·	sation from the	_					-3 -	indica above, who received					

	rt V	III Statement of Reve		1,402		<u>roundacton</u>	30 0000102	· · · · · · · · · · · · · · · · · · ·	1 age o
	····					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a				Tevenue		312, 313, 01 314
ant	IB	Membership dues	1b						
ρĒ	٥	•	1c						
ifts Ir a	4	Fundraising events	1d						
a,s alia	u	Related organizations	1e						
ion	•	Government grants (contributions)	- 18						
the st	•	All other contributions, gifts, grants, and similar amounts not included above	1f		58,957				
d of	_	Noncash contributions included in lines 1a-			30,001				
Sol	9	Total. Add lines 1a–1f	Ψ		▶	58,957			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Total: Add lines 12 11		Ì	Busn Code	307337			
eun	2a	Educational Project	a		Dagii Code	20,920			20,920
Rev	b	Eddeacional Project	9			20/320			20,520
Se					-				
er.	d								-
E									
gra	f	All other program service reven	ue						
P	a	Total. Add lines 2a–2f		•	•	20,920			
	3	Investment income (including d	ıvıdends	, interest	, and				
		other similar amounts)			•	3,408			3,408
	4	Income from investment of tax-	exempt l	bond pro	ceeds 🕨				
	5	Royalties	·	•	▶			, .,	
		(ı) Real		(II) Po	ersonal				
	6a	Gross Rents							
	b	Less rental exps							1
	С	Rental inc or (loss)							I
	_d	Net rental income or (loss)			>				
	7a	C		(11)	Other				1
		other than inventory							1
٠	b	Less cost or other							1
		basis & sales exps							
•		Gain or (loss)							-
		Net gain or (loss)	_		•				
<u>o</u>	8a	Gross income from fundraising even	ts						
Other Revenu		(not including \$							
% 9€		of contributions reported on line 1c)							
erl	_	See Part IV, line 18	a		9,557				1
e e		Less direct expenses	b_		2,489	- 0.50			7.050
		Net income or (loss) from fundr		vents	>	7,068			7,068
	Уa	Gross income from gaming activities							
		See Part IV, line 19	a -						
		Less direct expenses	d d	tion	•			<u>. </u>	+
		Net income or (loss) from gamin Gross sales of inventory, less	ny activi	ues		,			
	ıva	returns and allowances	a						1
	, h	Less cost of goods sold	Ъ			′	,		
		Net income or (loss) from sales		ntory	•		, ,		†
		Miscellaneous Revenue			Busn. Code		· · · · · · · · · · · · · · · · · · ·		
	11a	Rental Income				17,400	•		17,400
	b					,	<u>-</u>		
	С								
	d	All other revenue							
	9	Total. Add lines 11a-11d		•	>	17,400			
	12	Total Revenue. See instruction	ns			107,753	0		0 48,796
									Form 990 (2009)

Form 990 (2009)

Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1				g								
•	organizations in the U.S. See Part IV, line 21											
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	16,000	16,000									
3	Grants and other assistance to governments,				,							
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages				·							
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
a	Management											
b	Legal	1,100		1,100								
٦ 0		1,100		1,100								
d	Lobbying Professional fundraising services See Part IV, line 17											
e f	Investment management fees		•									
g	Other		-									
12	Advertising and promotion											
13	Office expenses	492		492								
14	Information technology											
15	Royalties											
16	Occupancy	5,649		5,649								
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	66,780	66,780									
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	5,071		5,071	· · · · · · · · · · · · · · · · · · ·							
23	Insurance											
24	Other expenses Itemize expenses not											
	covered above (Expenses grouped together	1										
	and labeled miscellaneous may not exceed	1										
	5% of total expenses shown on line 25 below)											
а	Administrative Fees	11,000		11,000								
b	Contributions	2,500		2,500								
C	Miscellaneous	, 600 -		600								
d	Bank Charges	59		59	<u> </u>							
6												
f	All other expenses	100 051	00 500	06.453								
25	Total functional expenses. Add lines 1 through 24f	109,251	82,780	26,471								
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation											
DAA	tundraising solicitation	<u>.</u>		J	Form 990 (200							

					(A)		(B)			
	1	······································			Beginning of year		End of year			
	1	Cash—non-interest bearing			252 105	1	256 500			
	2	Savings and temporary cash investments			353,127	2	356,700			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net				4				
	5	Receivables from current and former officers, directors, t	rustees	, key						
		employees, and highest compensated employees Comp	lete Pa	t II of		1				
		Schedule L		-		5				
	6	Receivables from other disqualified persons (as defined		F						
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete		1				
ທ		Part II of Schedule L				6				
ĕ	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
Q	9	Prepaid expenses and deferred charges		,		9	<u>-</u> .			
	10a	Land, buildings, and equipment cost or								
		other basis Complete Part VI of Schedule D	10a	169,578		•				
	b	Less accumulated depreciation	10b	101,272	73,377	10c	68,306			
	11	Investments—publicly traded securities				11				
	12	Investments—other securities See Part IV, line 11				12				
	13	Investmentsprogram-related See Part IV, line 11	,							
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11		15	·					
	16	Total assets. Add lines 1 through 15 (must equal line 34)		426,504	16	425,006			
	17	Accounts payable and accrued expenses			17	· ·				
	18	Grants payable								
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
ŝ	21	Escrow or custodial account liability Complete Part IV of	Schedu	ile D		21				
≝	22	Payables to current and former officers, directors, trustee	s, key			I				
Liabilities		employees, highest compensated employees, and disqui	alified			I				
≝.		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third	parties			23				
	24	Unsecured notes and loans payable to unrelated third pa	rties			24				
	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25				26				
Š		Organizations that follow SFAS 117, check here ▶	and			I				
ၓၟ		complete lines 27 through 29, and lines 33 and 34.				I				
<u>ā</u>	27	Unrestricted net assets			404,947	27	404,449			
æ	28	Temporarily restricted net assets			7,500	28	7,500			
ᅙ	29	Permanently restricted net assets			14,057	29	13,057			
בַּ		Organizations that do not follow SFAS 117, check he	re ▶ 「	<u> </u>		ı				
ž		and complete lines 30 through 34.	_	_		I				
S	30	Capital stock or trust principal, or current funds		İ		30				
šē	31	Paid-in or capital surplus, or land, building, or equipment	fund			31				
š	32	Retained earnings, endowment, accumulated income, or		inds		32				
Net Assets or Fund Balances	33	Total net assets or fund balances		•	426,504	33	425,006			
ž	34	Total liabilities and net assets/fund balances			426,504	$\overline{}$	425,006			

Form **990** (2009)

orm	1990 (2009) Georgia School Nutrition Foundation 58-6066402		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	\ \ \		l
	required audit or audits, explain why in Schedule O and describe any stone taken to undergo such audits	36		l

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

tion or a section 2003

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Georgia School Nutrition Foundation

Employer identification number 5.8 – 6.0.6.6.4.0.2

******				OI NUCLICION FOR							0402		
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	<u>art.) S</u>	ee ins	truction	ons.		
The	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).						
2		A school des	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	ne hospi	ital's name,		
		city, and state											
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
			b)(1)(A)(iv). (Complete Part I										
6		-		vernmental unit described in sec	tion 170(b)(1)(A)(v	١.						
7	_	·		ubstantial part of its support from	•	,, ,, ,,	•	n the aei	neral pu	iblic			
·	ш	•	section 170(b)(1)(A)(vi). (Co		- 3			3					
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	Ħ	-		more than 33 1/3 % of its suppo	•	ntribution	s memb	ershin fe	es and	d aross			
•	لــا	•	•	ot functions—subject to certain ex						-			
				d unrelated business taxable inco						1113			
			•	, 1975 See section 509(a)(2). ((-		1 (ax) II	oni busi	1103303				
40		•	-	xclusively to test for public safety	•	· ·	n)/4)						
10	X	•	•	xclusively for the benefit of, to pe		•		carn, ou	t the				
11	Δ	•	• .	d organizations described in sect				-		tion			
				e type of supporting organization									
		<u> </u>					ſ	− ī		.			
	ত	a X Type		c Type III–Functiona			d		e III–Otl	ier			
θ	X			nization is not controlled directly				-					
		•	-	and other than one or more public	sy suppor	teo organ	izations	describe	a in sec	HOH			
٠.		, , , ,	section 509(a)(2).	and the second s	T 1 T.		101 -		_				
f				mination from the IRS that it is a	Type I, Ty	pe II, or I	ype iii s	upportin	g				
		-	check this box		,								
g				on accepted any gift or contribution	on from ai	ny of the							
		following per											
			•	ntrols, either alone or together wit	th persons	s describe	d ın (ıı)					Yes	No
		, ,	pelow, the governing body of	· · · · · ·					-		11g(i)		_X_
			member of a person describe	• •							11g(n)		<u>X</u>
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	X
h		Provide the f	ollowing information about the	e supported organization(s)									
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	the organ col (ı)	nzation in of your	organızat (i) organı	zed in the	sup	port	
				(see instructions))	governing			ort?		S ?			
					Yes	No	Yes	No	Yes	No			
Ge	eor	gia Sch		Association, In									
			23-7082840		X		X		X				
						1				'			
		_		<u> </u>									
											, <u>.</u>		
_								-					
									<u> </u>				
T_#-				,									

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

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for O				(1)(A)(iv) and 1	l70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I)			
	tion A. Public Support				·	· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				Į		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		# # # # # # # # # # # # # # # # # # #				
6	Public support. Subtract line 5 from line 4		!	,			
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourtl	h or fifth tax year a	s a section 501(c)(3)	_
	organization, check this box and stop here						_
Sec	tion C. Computation of Public Su	<u>ipport Percent</u>	tage				
14	Public support percentage for 2009 (line 6,			(f))		14	%_
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	%_
16a	33 1/3 % support test—2009. If the organ	zation did not ched	k the box on line 13	3, and line 14 is 33	1/3 % or more, che	ck this box	_
	and stop here. The organization qualifies a	as a publicly suppor	rted organization				▶ ∐
b	33 1/3 % support test—2008. If the organ	zation did not ched	k a box on line 13 o	or 16a, and line 15	ıs 33 1/3 % or more	e, check this	_
	box and stop here. The organization qualif	ies as a publicly su	pported organizatio	n			▶ ∐
17a	10%-facts-and-circumstances test—200	9. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check this	s box and stop he i	e. Explain in Part IV	/ how the	
	organization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	as a publicly supp	orted organization		▶ 🗍
b	10%-facts-and-circumstances test-200	8. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lin	ie 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstan	ces" test, check this	s box and stop her	e. Explain in Part IV	/ how the	
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualıfies	as a publicly supp	orted organization		▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009 Georgia School Nutrition Foundation 58-6066402 Page 2

Schedule A (Form 990 or 990-EZ) 2009 Georgia School Nutrition Foundation 58-6066402 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization **Private foundation**. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Georgia School Nutrition Foundation 58-6066402

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

vamo	e of the organization		Employ	er identification number
G	eorgia School Nutrition Foundation		58-6	066402
	Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, F	nds or Other Similar Funds or Ac		
		(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	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	II that apply)		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor	tant lan	d area
	Protection of natural habitat	Preservation of certified historic stru	cture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n	
	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		2b	
C	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	i	2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization d	uring	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	cated ►		
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	\$	_		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		п, п.
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easement	•		
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	ganization's financial statements that describ	es	
Pa	rt III Organizations Maintaining Collections of Art, I	Historical Treasures or Other Sir	nilar A	Assets
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116, not to report in		rks of	
	art, historical treasures, or other similar assets held for public exhibition, e			e,
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its r	revenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	rvice,	
	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 ot	her similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	ese items		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	*
				

<u>sche</u>	<u>dule D (Form 990) 2009 Georgia Sc</u>	nool Nutriti	<u>on Foundat</u>	lon :	58-60664	102	Page 2
Pa	rt III Organizations Maintaining (Collections of Art, I	listorical Treas	ures, or	Other Simil	ar Assets (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, check	any of the following	that are a si	gnificant use of	its	
а	Public exhibition	d Loan o	r exchange program	ıs			
b	Scholarly research	e Other	• • •				
C	Preservation for future generations						
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiz	atıon's exer	mpt purpose in		
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, his	torical treasures, or	other simila	г		Yes No
Do	ert IV Escrow and Custodial Arrar				vered "Ves"	to Form 99	
ra	IV, line 9, or reported an amo			illon ans	weieu ies	10 1 01111 99	o, i ait
12	Is the organization an agent, trustee, custodian of	· · · · · · · · · · · · · · · · · · ·		accete not		<u> </u>	
ıa	included on Form 990, Part X?	or other intermediary for c	onunbulions of other	assets 110t			Yes No
		l complete the following to	ublo				182 NO
D	If "Yes," explain the arrangement in Part XIV and	complete the following ta	ible.				Amount
_	Dogumena halanaa					40	Titlouri
	Beginning balance					1c	
	Additions during the year					1d	
_	Distributions during the year					1e	
f n-	Ending balance	000 D-4V h 040					П., П.,
	Did the organization include an amount on Form	990, Part X, line 217					∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Comple	to if organization on	swored "Vee" to	Form 0	On Port IV	line 10	
Fa	Endowment Funds. Comple	(a) Current year	(b) Prior year	(c) Two ye		hree years back	(e) Four years back
4-	Danimum of was balance	(a) Culterit year	(b) Filor year	(C) TWO YE	als back (u)	ince years back	(e) i oui years back
	Beginning of year balance	-					
	Contributions			<u> </u>			
C	Net investment earnings, gains,						
	and losses		-1				
	Grants or scholarships						***************************************
8	Other expenditures for facilities				1		
	and programs						
	Administrative expenses						
	End of year balance		· · · · · · · · · · · · · · · · · · ·	<u>L.</u>			
2	Provide the estimated percentage of the year en						
	Board designated or quasi-endowment	%					
	Permanent endowment ▶ %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	n of the organization that	are neid and admini	sterea for tr	ie		[v.] v
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations	tad as assumed as Cabada	de DO				3a(ii)
_	If "Yes" to 3a(ii), are the related organizations list Describe in Part XIV the intended uses of the organizations.	•					3b
<u>4</u>	irt VI Investments—Land, Buildin			Dort Y	lino 10		· · · · · · · · · · · · · · · · · · ·
	Description of investment	(a) Cost or other basis	(b) Cost or oth		(c) Accumula	ted .	(d) Book value
	Description investment	(investment)	basis (other		depreciatio		(a) Dook value
4-	Lond	(-			·	25,000
	Land	<u> </u>		,000 ,578	1 0 1	,272	43,306
	Buildings		144	1210	T01	., 4 14	33,300
	Leasehold improvements						
	Equipment Other		 		<u> </u>		
	l. Add lines 1a through 1e (Column (d) must equa	I Form 990 Part Y colum	n (B) line 10(c) \				68,306
Juli	a riad mice ia unough le (Column (d) must equa	ar onn 330, Fait A, COlum	10(c))			<u> </u>	00,300

Schedule D (Form 990) 2009 Georgia School Nutriti Part VII Investments—Other Securities. See Form 990	on Foundatio	n 58-6066402	Page 3
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)	(2) 23511 12,22	Cost or end-of-ye	
Financial derivatives		<u> </u>	
Closely-held equity interests			
		·	
Other		-	
		+	
	.	•	
		 	
		 	
Total (Caluma (h) must asual Form 000, Part V, sal. (P) line 42.)			······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990	Dort V line 13	_L	
(a) Description of investment type	(b) Book value	(c) Method o	funluation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
		003t 01 C11a-01-ye	ai market value
			
4			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15.			
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			(b) Book value
(a) Description			(b) book value
			·
		·	
			
			<u> </u>
Tatal (Caluma /h) must squal Form 000, Part V, sal. (P) line 15.)		•	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25	· · ·	<u> </u>	
1 (a) Description of liability	(b) Amount	<u> </u>	.
<u> </u>	(b) randant	-	
Federal income taxes		╡	
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7.1.40		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	L	1	
FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48	ation's financial statement 	s tnat reports tne	

Sche	dule D (Form 990) 2009 Georgia School Nutrition Found	<u>lati</u>	on 58-606640	2	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Statem	ents	·
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3_	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		"	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ı		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
0	Add lines 2a through 2d			2ө	
3	Subtract line 2e from line 1		1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u> </u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	<u>Vith Expenses per R</u>	eturr	<u> </u>
1	Total expenses and losses per audited financial statements			1	
. 2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
0	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		1	3	·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
_	Add lines 4a and 4b			4c	
5				5	
	art XIV Supplemental Information		14.50 104145	_	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	1 4b Also complete		
nıs p	art to provide any additional information				
					_
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Schedule D (F.	orm 990) 2009	Georgia	School 1	<u>Nutrition</u>	Foundation	58-6066402	Page 5
Part XIV	Suppleme	ntal Informati	on (continued)	Foundation		
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		. – – – –			-		
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	_ 						

SCHEDULE I (Form 990)

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Name of the organization				1	identification number		
Georgia School Nuti		lon		58-60	066402		
Part I General Information on Grants and							
Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance. Describe in Part IV the organization's procedures for monitorial procedures.	ee? toring the use of grant funds i	n the United States					☐ No
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re Part IV and Schedule I-1 (Form 990)	cipient that received n	nore than \$5,000 (• [
1 (a) Name and address of organization or government	(b) EIN (c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
				·			
				-			
2 Enter total number of section 501(c)(3) and government of	ganizations					<u> </u>	
3 Enter total number of other organizations	o Instructions for Form 000					Schodulo I (Form 95	

Schedule | (Form 990) 2009 Georgia School Nutrition Foundation 58-6066402

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22, Part III Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, (c) Amount of (d) Amount of (f) Description of non-cash assistance cash grant recipients non-cash assistance FMV, appraisal, other) 12 Scholarship 12,000 8 Grants-in-Aid 4,000

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990)

(Form 990)

Complete to provide information for responses to specific questions on Popartment of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Supplemental Information to Form 990

2009 Open to Public

Inspection

Internal Revenue Service
Name of the organization

Georgia School Nutrition Foundation

Employer identification number

58-6066402

Form 990, Part III, Line 2

The Foundation started a leadership training program.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The foundation is organized with members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The members of the governing body is made up of the executive board of

Georgia School Nutrition Association.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 is reviewed and approved by at least one member of the board prior to filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Attach t	o Form 990.	See separate instruction	S.		Inspection
Name of the organization		n				
Part I Identif	fication of Disregarded Entities (Complete if the	organization answei	red "Yes" to Form 99	90, Part IV, line 33.)		
Part I Identifica Name of the organization Part I Identifica Name of the organization Name of the organization Identification Name of the organization Name of the organization Name of the organization Name of the organization	(a) (b) (c) (d) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state or foreign country)		(d) Total income	(e) End-cf-year assets	(f) Direct controlling entity	
Part II Identif	fication of Related Tax–Exempt Organizations (Come or more related tax-exempt organizations during	Complete if the orgaing the tax year.)	Inspection Employer Identification number 58-6066402 Wered "Yes" to Form 990, Part IV, line 33.) (c)			
	(a)	(b) Primary activity	Legal domicile (state	(d) Exempt Code section		Direct controlling
_						
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) Name, address, and ElN of disregarded entity Primary activity Identification of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization of Related Tax—Exempt Organizations during the tax year.) [a) Name, address, and ElN of related organizations during the tax year.] [b) Primary activity Legal domiciliation of Related Tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered "Yes" to Form 990, Part IV, line 34 because the organization answered	A\N					
						;
				:		

DAA

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		X
b	Gift, grant, or capital contribution to other organization(s)		1b		X
c	Gift, grant, or capital contribution from other organization(s)		1c		X
d	Loans or loan guarantees to or for other organization(s)		1d	<u></u>	X
0	Loans or loan guarantees by other organization(s)		1e		Х
f	Sale of assets to other organization(s)		1f		Х
g	Purchase of assets from other organization(s)		1g		X
h	Exchange of assets		1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)			X	
				1	1
j	Lease of facilities, equipment, or other assets from other organization(s)		<u>1j</u>		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k	<u> </u>	Х
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		X
n	Sharing of paid employees		1n		X
					Ī
0	Reimbursement paid to other organization for expenses		10		Х
р	Reimbursement paid by other organization for expenses		1p		Х
					Ī
q	Other transfer of cash or property to other organization(s)		1q	Х	
r	Other transfer of cash or property from other organization(s)		1r		X
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 transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions are the instructions of the instructions are the instruction are the instruction ar	tion thresholds			
	(a)	(b)	(c)		
	Name of other organization	Transaction	Amount inv	rolved	
		type (a-r)			
(1)	GSNA	i		17	,400
(2)	GSNA	0		11	,000
(3)					
(4)				<u> </u>	
					•
(5)					
					ı

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

or gross revenue) that was not a related organization. See instructions regarding (a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	Disprop alloca	ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No		
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Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return Identifying number Georgia School Nutrition Foundation 58-6066402 Business or activity to which this form relates Indirect Depreciation Part 1 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See Instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 5.071 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L 27 5 vrs Residential rental MM property MM S/L 27 5 yrs MM Nonresidential real 39 yrs S/L property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12 yrs S/L b 12-year S/L 40 yrs MM 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 5,071 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs