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Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2010 calendar year, or tax year beginning 1/1/2010, and ending 12/31/2010

B Check if applicable:	C Name of organization FOOD SALES ASSOCIATION		D Employer identification number 91-1864067
<input type="checkbox"/> Address change	Doing Business As		E Telephone number 469-877-1350
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)		F City or town, state or country, and ZIP + 4
<input type="checkbox"/> Initial return	1428 CHASE OAKS DRIVE		KELLER TX 76248
<input type="checkbox"/> Terminated			G Gross receipts \$ 108419
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
F Name and address of principal officer: PAMELIA S ROST 1428 CHASE OAKS DRIVE KELLER TX 76248			
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)			
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► www.foodsalesassoc.org			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Food Sales Association is committed to promoting careers and developing leaders for the retail food industry by annually awarding scholarships to graduating high school students working in area stores.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	15
3 Number of voting members of the governing body (Part VI, line 1a)	4	0	
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	0	
6 Total number of volunteers (estimate if necessary)	7a	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0	
b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	38000	41005
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88285	67414
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19	2431
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	500
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126304	111350
	14 Benefits paid to or for members (Part IX, column (A), line 4)	52000	28000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	14507
	b Total fundraising expenses (Part IX, column (D), line 25) ► 45214	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	63457	52923
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115457	95430
19 Revenue less expenses. Subtract line 18 from line 12	10847	15920	
Expenses	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16) AUG 16 2011	81294	84714
	21 Total liabilities (Part X, line 26)	54000	41500
	22 Net assets or fund balances. Subtract line 21 from line 20	27294	43214
Net Assets or Fund Balances			

Part II Signature Block

RODEN, UT

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.

Sign
Here

Signature of officer

PAMELIA S. ROST, Executive Director

Date

8/10/11

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Tonya A. Smith	Preparer's signature Tonya A. Smith	Date 8/9/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P0147956
	Firm's name ► 525 Laurelwood Road		Firm's EIN ►		
	Firm's address ► Burleson TX 76028		Phone no. PTIN	P0147956	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission:**

The Food Sales Association is committed to promoting careers and developing leaders for the retail food industry by annually awarding scholarships to graduating high school students working in area stores.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 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: 722300) (Expenses \$ 0 including grants of \$ 28000) (Revenue \$ 108419)

The Food Sales Association is committed to promoting careers and developing leaders for the retail food industry by annually awarding scholarships to graduating high school students working in area stores.

Through venues offered suppliers, brokers and manufacturers, FSA communicates and builds relationships with area food retailers in the North Texas market.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 0

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

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

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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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 (see instructions)

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

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

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

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	x	
2	x	
3		x
4		x
5		
6		x
7		x
8		x
9		x
10		x
11a		x
11b		
11c		
11d		
11e		
11f		
12a	x	
12b		x
13	x	
14a	x	
14b		x
15		x
16	x	
17		x
18		x
19	x	
20a	x	
20b		

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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 1? 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 2? 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
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	X
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? 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):		
a	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 Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
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 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, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	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	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ► See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4a	x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	x
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	x
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	
6b	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).	7a	x
7b	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?	7b	
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0
7e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	x
7f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	x
7g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	x
7h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	x
9b	Did the organization make any taxable distributions under section 4966?	9b	x
10	Section 501(c)(7) organizations. Enter:	10a	0
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	0
10c	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10c	
11	Section 501(c)(12) organizations. Enter:	11a	0
11b	Gross income from members or shareholders	11b	0
11c	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11c	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	0
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
13b	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13b	0
13c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	0
14a	Enter the amount of reserves on hand	14a	x
14b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 15
- b Enter the number of voting members included in line 1a, above, who 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 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 governing documents since the prior Form 990 was filed? **4** X
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X
- 6 Does the organization have members or stockholders? **6** X
- 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:
 - a 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

	Yes	No
1a	15	
1b	0	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Does the organization have local chapters, branches, or affiliates? **10a** 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**
- 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** X
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** X
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b** X
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** X
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. **13** X
- 13 Does the organization have a written whistleblower policy? **14** X
- 14 Does the organization have a written document retention and destruction policy? **15** 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?
 - a 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** X
- 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? **16b** X
- 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? **16b** X

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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: ► **Pamelia Rost** **469-877-1350**

1428 Chase Oaks Drive

Keller

TX

76248

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated person			
(1) Jan Meade									
Gladson	1			X			0	0	0
(2) Robert Thomas									
Dallas Morning News	1			X			0	0	0
(3) Barry Green									
Ben E Keith	1			X			0	0	0
(4) Jim Graves									
Blue Bell	1			X			0	0	0
(5) Les Havins									
Bimbo Bakeries/USA	1			X			0	0	0
(6) Mark Goodwin									
Nestle DSD	1			X			0	0	0
(7) Dean Guyton									
Big Red	1			X			0	0	0
(8) Steve Walls									
Sara Lee Bakery Co	1			X			0	0	0
(9) Gary Riddell									
Reddy Ice	1	X					0	0	0
(10) Eric Becker									
Canyon Foods	1	X					0	0	0
(11) Steve Meyer									
Director	1	X					0	0	0
(12) JR Rivera									
Bimbo Bakeries/USA	1	X					0	0	0
(13) Ilkka Notko									
Borden Milk Products	1	X					0	0	0
(14) Pat Vallenntiny									
Dreyers Grand Ice Cream	1	X					0	0	0
(15) Mark Rakestraw									
Blue Bell Creameries	1	X					0	0	0
(16)	0						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or director or trustee	Individual trustee	Institutional trustee	Officer	Key employee			
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)								0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►							0		0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Yes	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 41005				
	g Noncash contributions included in lines 1a-1f: \$	0				
	h Total. Add lines 1a-1f ►	41005				
Program Service Revenue	2a	Business Code				
		722300				
	b	67414				
	c	0				
	d	0				
	e	0				
	f All other program service revenue .	0				
	g Total. Add lines 2a-2f ►	67414				
3 Investment income (including dividends, interest, and other similar amounts) ►	2431	2431	0	0		
4 Income from investment of tax-exempt bond proceeds ►	0	0	0	0		
5 Royalties ►	0	0	0	0		
6a Gross Rents	(i) Real 0					
b Less: rental expenses	(ii) Personal 0					
c Rental income or (loss)	0					
d Net rental income or (loss) ►	0					
7a Gross amount from sales of assets other than inventory	(i) Securities 0					
b Less: cost or other basis and sales expenses	(ii) Other 0					
c Gain or (loss)	0					
d Net gain or (loss) ►	0					
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a	0					
b Less: direct expenses b	0					
c Net income or (loss) from fundraising events . . . ►	0					
9a Gross income from gaming activities. See Part IV, line 19 a	0					
b Less: direct expenses b	0					
c Net income or (loss) from gaming activities . . . ►	0					
10a Gross sales of inventory, less returns and allowances a	0					
b Less: cost of goods sold b	0					
c Net income or (loss) from sales of inventory . . . ►	0					
Miscellaneous Revenue	Business Code					
11a	0					
b	0					
c	0					
d All other revenue	500					
e Total. Add lines 11a-11d ►	500					
12 Total revenue. See instructions. ►	111350					
		70345	0	0		

Part IX Statement of Functional Expenses

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	28000	28000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
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)	14507	0	14507	0
7 Other salaries and wages	0	0	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	10	0	10	0
c Accounting	340	0	0	340
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0	0	0	0
g Other	3582	0	3582	0
12 Advertising and promotion	44874	0	0	44874
13 Office expenses	2360	0	2360	0
14 Information technology	58	0	58	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	39	0	39	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	202	0	202	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Bank Service Charges	1458	0	1458	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0
f All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f	95430	28000	22216	45214
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	81294	1 84714
	2 Savings and temporary cash investments	0	2 0
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	0	4 0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5 0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6 0
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	0	8 .0
	9 Prepaid expenses and deferred charges	0	9 0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0	10a 0
	b Less: accumulated depreciation	10b 0	10c 0
	11 Investments—publicly traded securities	0	11 0
	12 Investments—other securities. See Part IV, line 11	0	12 0
	13 Investments—program-related. See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets. See Part IV, line 11	0	15 0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	81294	16 84714
Liabilities	17 Accounts payable and accrued expenses	0	17 0
	18 Grants payable	54000	18 41500
	19 Deferred revenue	0	19 0
	20 Tax-exempt bond liabilities	0	20 0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 Other liabilities. Complete Part X of Schedule D	0	25 0
	26 Total liabilities. Add lines 17 through 25	54000	26 41500
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	0	27 0
	28 Temporarily restricted net assets	0	28 0
	29 Permanently restricted net assets	0	29 0
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	0	30 0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31 0
	32 Retained earnings, endowment, accumulated income, or other funds	27294	32 43214
	33 Total net assets or fund balances	27294	33 43214
	34 Total liabilities and net assets/fund balances	81294	34 84714

Form 990 (2010)

Part XI Reconciliation of Net Assets
 Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111350
2	Total expenses (must equal Part IX, column (A), line 25)	2	95430
3	Revenue less expenses. Subtract line 2 from line 1	3	15920
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27294
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	43214

Part XII Financial Statements and Reporting
 Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

FOOD SALES ASSOCIATION

Employer Identification number

91-1864067

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I).
- 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(VI). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									
(C)									
(D)									
(E)									
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3.	0	0	0	0	0	0
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)						0
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.0	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.0	%
16a 33½% support test—2010. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 33½% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15000	44000	23000	38000	41005	161005
2 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 . . .	53937	68362	87217	88285	68014	365815
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .	0	0	0	0	0	0
6 Total. Add lines 1 through 5 . . .	68937	112362	110217	126285	109019	526820
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .	0	0	0	0	0	0
b 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 . . .	0	0	0	0	0	0
c Add lines 7a and 7b . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						526820

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	68937	112362	110217	126285	109019	526820
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2289	2904	2533	19	2465	10210
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	0	0	0	0	0	0
c Add lines 10a and 10b	2289	2904	2533	19	2465	10210
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . .	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	71226	115266	112750	126304	111484	537030
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15 . 98 . 09880267	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16 . 97 . 8	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17 . 901197326	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18 . 2 . 2	%
19a 33 1/3% support tests—2010. 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 . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see Instructions ► <input type="checkbox"/>		

Part IV **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. Also complete this part for any additional information. (See instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

FOOD SALES ASSOCIATION

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

Complete if the organization answered "Yes" to Form 990, Part N, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

91-1864067

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government Fee Attached	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance
(2)			0	0		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

► 0

► 0

► 0

Schedule I (Form 990) (2010)

Cat. No. 5005SP

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL ASSISTANCE	28	1000	0	See Attachment	N/A
2					
3					
4					
5					
6					
7					

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization

FOOD SALES ASSOCIATION

Employer identification number

91-1864067

ORGANIZATION MISSION STATEMENT

The Food Sales Association is committed to promoting careers and developing leaders for the retail food industry by annually awarding scholarships to graduating high school students working in area stores. Through venues offered suppliers, brokers and manufacturers, FSA communicates and builds relationships with area food retailers in the North Texas market.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

See 7b.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Significant by law changes for the organization are presented to the overall membership for approval during a published business meeting. "Housekeeping" changes, such as adjustment of organization's address, have not been presented to the overall membership, only to the board of directors for approval.

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

Committee meetings minutes are not recorded as are board meetings.

Committee activities and/or plans are reported to the board and noted in the organization's board minutes.

Form 990, Part VI, Line 10 - Form 990 Review Process

A joint review is made by the return preparer and the treasurer and/or FSA administrator after the initial draft of the Form 990 is completed. The treasurer and/or FSA administrator signs off on the final draft prior to the submission to the

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

FOOD SALES ASSOCIATION

Employer identification number

91-1864067

Internal Revenue Service. The Form 990 is presented to the Food Sales

Association Board in its entirety for their review and questions or comments.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available.

The Food Sales Association has the by laws available on the website:

www.foodsalesassoc.org as well as on file with the FSA administrator. By laws

financial statements and minutes are maintained by the FSA administrator

and are available upon request.

Part IV - Additional Supplemental Information (continued)

Made up of Food Sales Association board members, members

at large and retailer volunteers. Applications and criteria

for applying are published in printed materials provided to participating retail

on the FSA website - www.foodsalesassoc.org and upon request via

the U.S. Mail.

Student	Retailer	Payments				1000
		Fall '10	Spring '11	Fall '11	Spring '12	
Curbo	Jennifer	Albertsons	AD	500.00	500.00	
Essaw	Bez	Albertsons	AD	500.00	500.00	
Hernandez	Vincent	Albertsons	AD	500.00	500.00	
Norris	Tanya	Albertsons	AD	500.00	500.00	
Vanderhoof	Carmen	Albertsons	AD	500.00	500.00	
Johnstone	Rachel	Albertsons	HS	500.00	500.00	2000
Cooper	Bret	Brookshire's	AD	500.00	500.00	1000
Scott	Brittany	Brookshire's	AD	500.00	500.00	1000
Zavala	Emilie	Brookshire's	AD	500.00	500.00	1000
Davis	Donovan	Brookshire's	HS	500.00	500.00	2000
Fox	Rachel	Brookshire's	HS	500.00	500.00	2000
Carcamo	Erick	Fiesta Mart	AD	500.00	500.00	1000
Quintanilla	Dennise	Fiesta Mart	HS	500.00	500.00	2000
Quintanilla	Daisy	Fiesta Mart	HS	500.00	500.00	2000
Barbosa	Beatriz	Kroger	AD	500.00	500.00	1000
Grimes	Yancey	Kroger	AD	500.00	500.00	1000
Roberts	Christy	Kroger	AD	500.00	500.00	1000
Vaughan	Jeanne	Kroger	AD	500.00	500.00	1000
Malone	Katrina	Kroger	HS	500.00	500.00	2000
McLane	Holley	Kroger	HS	500.00	500.00	2000
Pabor	Ryan	Kroger	HS	500.00	500.00	2000
Putnam	Kimberly	Kroger	HS	500.00	500.00	2000
Reddock	Matthew	Kroger	HS	500.00	500.00	2000
Conley	Debbie	Mkt. Street	AD	500.00	500.00	1000
Karuthedath	Minu	Tom Thumb	AD	500.00	500.00	1000
Koch	Brittany	Tom Thumb	AD	500.00	500.00	1000
Higgins	Ash-Lee	Tom Thumb	HS	500.00	500.00	2000
Roth	Evan	Tom Thumb	HS	500.00	500.00	2000
						40000