



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

2011

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.

<b>A For the 2011 calendar year, or tax year beginning</b> 1/1/2011, and ending 12/31/2011			
<b>B Check if applicable:</b>		<b>C Name of organization</b> FOOD SALES ASSOCIATION	<b>D Employer identification number</b> 91-1864067
<input type="checkbox"/> Address change		<b>Doing Business As</b>	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)	
<input type="checkbox"/> Initial return		1324 N HWY 377	
<input type="checkbox"/> Terminated		1428 CHASE OAKS DRIVE	
<input type="checkbox"/> Amended return		Room/suite 303-139	
<input type="checkbox"/> Application pending		City or town, state or county, and ZIP + 4 KELLER Roanoke TX 76248 76262	
<b>F Name and address of principal officer:</b> PAMELLA S ROST 12 Carnoustie Dr Trophy Club TX 76262		<b>G Gross receipts \$</b> 136752	
<b>I Tax-exempt status:</b> <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		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> ►		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>H(c) Group exemption number</b> ►	
		<b>L Year of formation:</b>	
		<b>M State of legal domicile:</b> TX	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:		
	.....		
<b>Revenue</b>	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	68750	68750
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68002	68002
	11 Other revenue (Part VIII, column (A), lines 5, 6d-8c, 9c, 10c, and 11b)	5775	5775
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		142527	142527
<b>Net Assets or Fund Balances</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	72500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21171	21171
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	53551	53551
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b)	74001	60521
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95172	154192
19 Revenue less expenses. Subtract line 18 from line 12	47355	-11665	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	84714	82549	
21 Total liabilities (Part X, line 26)	41500	51000	
22 Net assets or fund balances. Subtract line 21 from line 20	43214	31549	

**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 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.

<b>Sign Here</b>	<i>Pamelia S. Rost</i>	Date 8/15/12
	Signature of officer <i>Pamelia S. Rost</i>	
	Type or print name and title Executive Director	

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> Tonya A. Smith	<b>Preparer's signature</b> <i>Tonya A. Smith</i>	<b>Date</b> 8/15/12	<b>Check <input checked="" type="checkbox"/> if self-employed</b>	<b>PTIN</b> 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. 11262Y

Form 990 (2011)

DKA

g17 3

**Part III Statement of Program Service Accomplishments**Check 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 136752 )**

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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .
- 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 temporarily restricted endowments, permanent endowments, 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 18? 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 18? 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .
- 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 hospital facilities? If "Yes," complete Schedule H . . . . .
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

	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		

Form 990 (2011)

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

    b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

    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? . . . . .

    d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

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 . . . . .

    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 . . . . .

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 . . . . .

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

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 . . . . .

    b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

    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 . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

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 . . . . .

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 . . . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

    b 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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b		
36	X	
37	X	
38	X	

Form 990 (2011)

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . **1a** 0  Yes  No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . **1b** 0  Yes  No

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . **1c**  Yes  No

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**  Yes  No

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . **2b**  Yes  No

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . **3a**  Yes  No

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . **3b**  Yes  No

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . **4a**  Yes  No

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. **4b**  Yes  No

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . **5a**  Yes  No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . **5b**  Yes  No

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . **5c**  Yes  No

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**  Yes  No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . **6b**  Yes  No

7 Organizations that may receive deductible contributions under section 170(c).

a 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**  Yes  No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . **7b**  Yes  No

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . **7c**  Yes  No

d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . **7d** 0 **7e**  Yes  No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . **7f**  Yes  No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . **7g**  Yes  No

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . **7h**  Yes  No

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . **8**  Yes  No

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? . . . . . **9a**  Yes  No

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966? . . . . . **9b**  Yes  No

b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . **10** Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . **10a** 0 **10b**  Yes  No

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . **10b** 0  Yes  No

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . . . . . **11a** 0 **11b**  Yes  No

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . **11b** 0  Yes  No

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . . **12a**  Yes  No

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . **12b** 0  Yes  No

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? . . . . . **13a**  Yes  No

Note. See the instructions for additional information the organization must report on Schedule O.

b 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 . . . . . **13b** 0  Yes  No

c Enter the amount of reserves on hand . . . . . **13c** 0  Yes  No

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . **14a**  Yes  No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . **14b**  Yes  No

Form 990 (2011)

**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** **14**  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b 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 Did the organization have members or stockholders? **6** **x**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** **x**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** **x**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8a** **x**

a The governing body **8b** **x**

b Each committee with authority to act on behalf of the governing body? **9** **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.

	Yes	No
1a		
1b		
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 Did the organization have local chapters, branches, or affiliates? **10a** **x**  
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** **x**  
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** **x**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** **x**

13 Did the organization have a written whistleblower policy? **14** **x**

14 Did 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? **15a** **x**  
a The organization's CEO, Executive Director, or top management official **15b** **x**  
b Other officers or key employees of the organization **16a** **x**  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16b**

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**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **17**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **18**

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **19**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **20** **Pamelia Rost** **469-877-1350**

**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 (do not check more than one box, unless person is both an officer and a director/trustee)					(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 trustees	Institutional trustees	Officer	Key employee	Highest compensated			
(1) Jan Meade									
Gladson Immediate Past	1			X			0	0	0
(2) Barry Green									
Ben E Keith 3rd Vice Pres	1			X			0	0	0
(3) Les Havins									
Bimbo Bakeries/ Treasurer	1			X			0	0	0
(4) Dean Guyton									
Big Red Co-President	1			X			0	0	0
(5) Gary Riddell									
Reddy Ice Director - Memb	1	X					0	0	0
(6) Eric Becker									
Canyon Foods Director - Spon	1	X					0	0	0
(7) JR Rivera									
Bimbo Bakeries/ Director at Lar	1	X					0	0	0
(8) Ilkka Notko									
Borden Milk Pro Director at Lar	1	X					0	0	0
(9) Pat Vallenntiny									
Dreyers Grand I Director at Lar	1	X					0	0	0
(10) Kim Alvarez									
Board Member	0						0	0	0
(11) Jim Burkley									
Nestle Infant NuBoard Member	0						0	0	0
(12) Les Clark									
Blue Bell CreameBoard Member	0						0	0	0
(13) Carroll Smith									
Community CoffeeBoard Member	0						0	0	0
(14) Don Scoggins									
Blue Bell CreameBoard Member	0						0	0	0

DKA

## 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Spouse or highest compensated partner	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								0	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►							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
3		X
4		X
5		X

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

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

## 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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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	68750				
	g Noncash contributions included in lines 1a-1f: \$ . . . . .		0				
<b>h Total. Add lines 1a-1f . . . . . ►</b>		<b>68750</b>					
Program Service Revenue	Business Code						
	2a	722300	68002	68002	0	0	
	b		0	0	0	0	
	c		0	0	0	0	
	d		0	0	0	0	
	e		0	0	0	0	
	f All other program service revenue . . . . .		0	0	0	0	
<b>g Total. Add lines 2a-2f . . . . . ►</b>		<b>68002</b>					
Investment Income	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ►		5775	5775	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	(ii) Personal				
	b Less: rental expenses . . . . .	0	0				
	c Rental income or (loss) . . . . .	0	0				
	d Net rental income or (loss) . . . . . ►			0	0	0	0
Other Revenue	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses . . . . .	0	0				
	c Gain or (loss) . . . . .	0	0				
	d Net gain or (loss) . . . . . ►			0	0	0	0
	8a Gross income from fundraising events (not including \$ . . . . . 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . a						
	b Less: direct expenses . . . . . b						
	c Net income or (loss) from fundraising events . . . . . ►			0	0	0	0
9a Gross income from gaming activities. See Part IV, line 19 . . . . . a							
b Less: direct expenses . . . . . b							
c Net income or (loss) from gaming activities . . . . . ►			0	0	0	0	
10a Gross sales of inventory, less returns and allowances . . . . . a							
b Less: cost of goods sold . . . . . b							
c Net income or (loss) from sales of inventory . . . . . ►			0	0	0	0	
Miscellaneous Revenue		Business Code					
11a			0	0	0	0	
b			0	0	0	0	
c			0	0	0	0	
d All other revenue . . . . .			0	0	0	0	
e Total. Add lines 11a-11d . . . . . ►			0				
<b>12 Total revenue. See Instructions. . . . . ►</b>		<b>142527</b>	<b>73777</b>		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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	72500	72500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	21171	0	21171	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 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	80	0	0	80
c Accounting	290	0	0	290
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	3090	0	3090	0
12 Advertising and promotion	53181	0	0	53181
13 Office expenses	2244	0	2244	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	148	0	148	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	0	0	0	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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank Service Charges	1488	0	1488	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	154192	72500	28141	53551
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	84714	1	82549
	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	
	b Less: accumulated depreciation	10b	0	10c
	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)	84714	16	82549
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	41500	18	51000
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
		0	25	0
	26 Total liabilities. Add lines 17 through 25	41500	26	51000
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	43214	32	31549
	33 Total net assets or fund balances	43214	33	31549
	34 Total liabilities and net assets/fund balances	84714	34	82549

Form 990 (2011)

**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	142527
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	154192
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-11665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	43214
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	31549

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

1 Accounting method used to prepare the Form 990:  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? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

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.

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:  
 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? . . . . .

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

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

Form 990 (2011)

**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

**2011**

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 33½% 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 33½% 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	
(A)								0
(B)								
(C)								
(D)								
(E)								
<b>Total</b>								0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

**DKA**

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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
<b>11 Total support.</b> Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> 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 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.0	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	0.0	%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>10%-facts-and-circumstances test—2010.</b> 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 <b>Private foundation.</b> 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"/>			

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44000	23000	38000	41005	68750	214755
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 . . .	68362	87217	88285	68014	68002	379880
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 <b>Total. Add lines 1 through 5 . . .</b>	<b>112362</b>	<b>110217</b>	<b>126285</b>	<b>109019</b>	<b>136752</b>	<b>594635</b>
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 <b>Public support (Subtract line 7c from line 6.) . . . . .</b>						<b>594635</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . . . .	112362	110217	126285	109019	136752	594635
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	2904	2533	19	2465	5775	13696
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 . . . . .	2904	2533	19	2465	5775	13696
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 <b>Total support. (Add lines 9, 10c, 11, and 12.) . . . . .</b>	<b>115266</b>	<b>112750</b>	<b>126304</b>	<b>111484</b>	<b>142527</b>	<b>608331</b>
14 <b>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 . . . . .</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	97.74859410 %
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	97.8 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.251405895 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	2.2 %
19a 33½% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► <input checked="" type="checkbox"/>		
b 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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"/>		

Schedule A (Form 990 or 990-EZ) 2011

**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).



**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.

**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, appraised, other)	(f) Description of non-cash assistance
1 EDUCATIONAL ASSISTANCE	2	2 1,000	0	See Attachment	N/A
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.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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) (2011)

**DKA**

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](http://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 outlet on the FSA website - [www.foodsalesassoc.org](http://www.foodsalesassoc.org) and upon request via the U.S. Mail.

Kroger	John	1531 S. Street Hwy 121	APT 2524	Lewisville,
Kroger	Johnny_bayesh@yahoo.com	481-987-8178	Kroger	178057
Kroger	sarah_busby@mybcd.edu	682-518-5280	Kroger	0 Mansfield
Kroger	Sarah	682-518-5280	Kroger	76063
Kroger	Lauren	682-518-5280	Christensen	76137
Kroger	Christensen	682-518-5280	Collin	0 Fort Worth
Kroger	Lauren	682-518-5280	Egged	Grand Prairie
Kroger	Colleen	682-518-5280	Collin	75054
Kroger	Egypt	682-518-5280	Egged	Brookshire Grocery
Kroger	Colleen	682-518-5280	Elliott	75409
Brookshire Grocery Co	Jonathan	817-888-1815	Brookshire Grocery	520 Nagara Falls Dr.
Brookshire Grocery Co	Elliott	214-891-3517	Floyd	2334 CR 5372
Brookshire Grocery Co	Shaynya	903-438-6231	Tom Thumb	75471
Tom Thumb	Tra	903-221-2580	Tom Thumb	76180
Kroger	Ford-Lytes	817-981-1445	Tom Thumb	North Richland Hills
Kroger	Juliaum	214-206-9429	Ford-Yles	8600 Harmon Rd
Kroger	Anam	214-358-7143	Ford-Yles	17024
Kroger	Glover	469-380-5728	Ghulam	7348 Parkridge Blvd
Tom Thumb	Cynthia	469-380-5728	Ghulam	75063
Tom Thumb	Milford	469-387-3989	Glover	2712 Ste. Beechers Lane
Tom Thumb	Kelsey	972-385-7670	Tom Thumb	The Colony
Tom Thumb	Kevin	972-335-6784	Tom Thumb	2107 West Grove Lane
Kroger	Kevin	972-879-6411	Koester	8804 Arborus Dr.
Albertsons	Ibama	917-581-1267	Koester	1221 Glen Ellen Ct.
Kroger	Casey	817-588-5381	Albensons	Allen
Kroger	Krisann	817-408-9191	Casey	5617 Winter Ridge Dr.
Kroger	Lamier	817-573-5804	Kolmann	Fort Worth
Brookshire Grocery Co	Christopher	469-658-6525	Kolmann	1000 N. and M Ranch Cr.
Carnival Food Store	Javier	972-775-7500	Kroger	Grandbury
Brookshire Grocery Co	Lopez	214-281-7474	Kroger	Middleton
Kroger	Markfield	214-351-2532	Lanier	2061 Shady Ridge Dr.
Fiesta Mart	McGillard	903-453-7072	Lanier	8494 Largo Dr.
Kroger	Emily	903-455-3071	Mayfield	429 Dallas
Kroger	Mendez	314-607-1577	Kroger	620 Arglebo Ln.
Kroger	Janelle	972-518-7374	Fiesta Mart	4861 Carmwood Dr.
Kroger	Mayers	972-598-8833	Janelle	10839 Benbrook Dr.
Carnival Food Store	Monica	972-238-4818	Randi	5300 E. McKinney St.
Tom Thumb	Munoz	940-358-2802	Brigitte	18943 Chirond St.
Tom Thumb	Murray	480-422-3401	Munoz	75208
Tom Thumb	Norman	817-895-1103	Tom Thumb	North Richland Hills
Albertsons	Phimale	817-895-1103	Murray	76180
Kroger	Priya	817-321-9297	Tom Thumb	75244
Kroger	Jorge	817-683-6546	Norman	18031 Midway Rd.
Kroger	Ramirez	912-333-2890	Albertsons	76148
Kroger	Harrah	940-358-2802	Phimale	Vista Ridge
Kroger	Norman	817-895-1103	Kroger	2222 Demark Street
Kroger	Travor	817-714-3278	Kroger	75253
Kroger	Christian	817-683-6546	Kristen	2005 Chirond St.
Kroger	Kristen	817-683-6546	Kristen	75051
Kroger	Jorge	817-333-2890	Lorenzo	Dunsmuir
Kroger	Jeremy	214-554-2820	Ramirez	124 East Davis St.
Kroger	Smith	817-288-2077	Ramirez	192-42
Tom Thumb	Lauren	817-789-8872	Tom Thumb	North Richland Hills
Tom Thumb	Joy	214-597-5818	Smith	76182
Kroger	Shawna	917-876-7838	Sole	2802 Saint George Dr.
Watson	Shawna	817-876-7838	Watson	75444
Kroger	Watson	817-876-7838	Watson	8517 Vindian Ln.
Kroger	Watson	817-876-7838	Watson	76123