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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Department of the Treasury

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

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

Open to Public Inspection

<u>A</u> _	For the	2011 calen			ining Aug			1, and	endin	y Jul			2012	
В	Check if ap	pplicable	C Name of org.	anization Sch	ool Nutr	ition F	oundat:	ion			D Employ	er Identifi	ication Number	
	Addre	ess change	Doing Busine									50394		
	Name	e change	Number and	street (or P O box	x if mail is not delive	ered to street ac	idr)		Room/s	uite	E Telepho	ne numbe	ır	
	Initial	l return	120 Wate	rfront S	treet				300		(30:	1) 68	6-3100	
	Term	inated	City, town or	country			Stat	te ZIP c	ode + 4					
	Amer	nded return	National	Harbor			MI	20	745		G Gross n	eceipts \$	1,426,496	
	Appli	cation pending	F Name and a	ddress of principal	officer					H(a) Is this a	group retum	for affiliate	es? Yes	X No
			Patricia Mont	aque 120 Wa	terfront St	National	Harbor I	MD 20	745		affiliates inclu		Yes	☐ No
ī	Tax-ex	empt status	X 501(c)(3)	501(c) (sert no)	4947(a)(1)		527	If 'No,'	attach a list (see instruc	ctions)	
j	Webs				g/foundat		1 10 17 (0)(17	** 		H(c) Group	exemption nu	mber >		
ĸ		organization	X Corporation	Trust	Association	Other >		L Year of					al domicile VA	
_	rt.I ,	Summar	Fed seckers	1_1	7 7 25 25 25 25 27	00.01	<u>_</u>	_ 1001 0	TOMICO	3.1 130	1 1	and or log	gar donnidio VII	
				ation's mission	n or most signi	ficant activit	ies '	The F	ound	lation	focus	es on	professi	onal
	ď	levelopm	ent of s	chool fo	od servi	ce perso	onnel.	scho	ol n	utriti	on res	earc	h and pub	lic
Governance					nutritio						3222			
Ę	_			<i></i>									· 	
Ve	2 C	heck this bo	x ► if th	e organization	discontinued	ıts operatio	ns or dispo	sed of r	nore th	an 25% c	fits net as	sets.		
	1				ing body (Part							3		7
۰0 و	4 N	lumber of inc	dependent vot	ing members	of the governing	ng body (Pa	rt VI, line 1	b)				4		7
Activities &					calendar year :							5		0
委				•	ecessary)							6		40
ď					art VIII, columi							7 a		0.
	b N	let unrelated	business taxa	able income fr	om Form 990-	T, line 34 .	<u>.</u>	<u></u>			<u></u>	7 b		
											rior Year		Current Ye	ear
•					h)						.,574,4	49.	1,352,	066.
Š					2g)									
Revenue					, lines 3, 4, and						335,3		74,	430.
Œ					s 5, 6d, 8c, 9c						18,6			
					must equal Pa						<u>,928,4</u>		1,426,	<u>496.</u>
					column (A)						103,8	88.	75,	900.
					column (A) Jir									
ø	15 S	alanes, othe	er compensation	on, em ploy ee	benefits (Part	IX, column (A), lines 5-	10) .			353,8	97.	213,	639.
Ехрепзез	16a P	rofessional f	fundraising fee	es (Part IX/co	lumy (A), ling i	1(le) Q								
Þer	ьт	otal fundrais	ina expenses	(Patt IX. colu	mn (D), line 25	SS - (S			Ο.	1	** \.#*		. ***	gr /
ă	ı			1		404					,111,0	06	1,081,	029
	18 T	otal avnance	os Add Inco 1	3 17 (2)	s 11a-11d, 11 qual Part IX, c	olumn (A)					1,568,7		1,370,	
					from line 12						359,6			928.
8 8	13 1	revenue less	expenses 3	ubliact line 16	HOIT III 12		<u></u>	• • • •	• • • •			-		
~ 4	20 T	otal accote ((Part Y Jupo 16	21							ng of Currer		End of Ye 6,387,	
Asset Balan				,							,772,7		2,666,	
Neg P	1													
				s Subtract line	e 21 from line	20	<u></u>	<u> </u>	· · · ·	3	3,665,0	13.	3,720,	<u>,941.</u>
	art II	Signatu					•••							
Und	er penalties plete Deck	s of penury, I dea aration of prepar	clare that I have ex ref (other than offic	amined this return er) is based om all	, including accomp information of which	anying schedule in preparer has	es and stateme any knowledge	ents, and t	o the bes	st of my know	riedge and be	ief, it is tru	ue, correct, and	
_			120		MM.	hi.						1,21	17	
O:.		Signatu	ure of officer	- <i>y</i>	11110	7					ate	121	<u> </u>	
Siq He						U								
пе	16		ricia Mo:							ACTI	ng CEO			
_		 -	·		Bronosta's acces	nturo.		15				7 1	PTIN	
_		· · ·	oreparer's name		Preparer's sign			Date			Check	」" ∣		
Pa			el Sayloı		Michael			03	/15/	13	self-employ	ed 1	P00608550	_
Pr	eparer	Firm's name			<u>national</u>						4			
US	e Only	Firm's addr	ess <u>8004</u>	Springf	ield Vil	lage Dr					Firm's EIN	► 54 -	1248882	
				ngfield				15234	35		Phone no			
Ma	y the IR	S discuss th	is return with t	he preparer s	hown above?	(see instruct	tions)			<u></u>	<u></u>		. X Yes	No
					the separate				TE	EA0101 07	//05/11		Form 99	
		-		,					-	••	-			,

Form	990 (2011) School Nutrition Foundation	84-6039412	Page 2
Pai	Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III		<u>.</u> x
1	Briefly describe the organization's mission		
	To develop and conduct vocational education in School Food Service	operations and m	related
	matters. The education is designed to develop skills of School Food	Service practit	ioners.
	See Form 990, Page 2, Part III, Line 1 (continued)	- 	
2	Did the organization undertake any significant program services during the year which were not listed on the	onor	_
	Form 990 or 990-EZ?	🔲 Yes	X 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	າ	X 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, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	as measured by expenses of grants and allocations	i. to
4 a	(Code) (Expenses \$ 145,277. including grants of \$ 0.)(F	Revenue \$72	<u>,068.</u>)
	INVEST IN US - This Endowed Fund created in 1993 provides a reli	able	
	source of income to help fund special Public Education and aware	ness	. _
	efforts targeting all those who influence the eating habits of		
	children as well as the children themselves.		
			
			
			
			. -
		-	
			
41	O(Code)(Expenses \$ 48,150. Including grants of \$ 42,000.)(I SCHWAN'S SCHOLARSHIP - Funded by Schwan's Foodservice, this scho program provides individual scholarships to active School Nutrit Association members to pursue school foodservice related coursew	larship ion	2,000.)
	at the college/vocational level.		- -
4	(Code) (Expenses \$ 47,249 including grants of \$ 0.)(KEYS TO EXCELLENCE NDC - Through funding from the National Dairy the Keys to Excellence validation process focuses on a comprehen	Council, sive review of	the
	best practice standards, tightening verification, adding resource the "District of the Year" recognition with a monetary award.	es and making	-
	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		-
4			
4			

		-6039412		Р	age 3
Pai	rt IV Checklist of Required Schedules				
		Г	\dashv	Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes,' complete Schedule A		1	$_{\rm x}$	
2			<u>.</u>	x	
3			╗		
_	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I	~···-	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) electron effect during the tax year? If 'Yes,' complete Schedule C, Part II)n - · · · ·	4		х
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 .		5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ni to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule Part I	ght <i>∌ D,</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		9		х
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		10	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, II or X as applicable	x,			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedu D, Part VI		11 a	х	
1	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	tal • • • • • <u>1</u>	11Ь		х
(c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its to assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	otal1	11 c	_	х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reporte in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	1	11 e	_ X	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	:s <u>1</u>	11 f		х
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	_1	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' ai if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	1	12 b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<u> </u>	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	1	14a		Х
	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 va at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	lued	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		15		х
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		16		х
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)	·	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a? If Yes, complete Schedule G, Part II		18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III.		19		x

20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) School Nutrition Foundation
Partiva 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		<u>x</u>
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	х	
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? <i>If</i> 'Yes,' <i>complete Schedule J</i>	23		x
24:	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, and 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		<u>x</u>
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
ŀ	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		х
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		х
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	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)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(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		Х
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		Х
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		х
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	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
ı	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		х
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	х	
RAA				

	990 (2011) School Nutrition Foundation	84-6039412	}	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_		
	Check if Schedule O contains a response to any question in this Part V		<u></u>		$\cdot \square$
		_		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		٠,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners?	ming	1 c		
2.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			-	
	ments, filed for the calendar year ending with or within the year covered by this return 2a	0		<u> </u>	<i>/</i> ·
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2Ь		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	[.	*		<u></u> .
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 -	3 a		<u>_x</u>
D	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	· · · · · · · ·	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)? .	ver, a	4 a		х
þ	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	-			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	[5 c		
6 a	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?	tion	6 a		v
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts v	· · · · · · · · · · · · · · · · · · ·	ba		X
_	not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).	1	% (7)	, ,	-
а	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?		7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file	7 c		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			100	, :
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		· ' 9		
	Form 1098-C?		7 h	<u></u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	ns. Did the	الشيا		
	holdings at any time during the year?	s	8		х
9	Sponsoring organizations maintaining donor advised funds.	Ī			
а	Did the organization make any taxable distributions under section 4966?		9 a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		х
10	Section 501(c)(7) organizations. Enter			•	-
а	Initiation fees and capital contributions included on Part VIII, line 12		-,	٠,	, · r
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		, ,		
11	Section 501(c)(12) organizations. Enter		*.	. [
а	Gross income from members or shareholders			*	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				\$
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	1			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		٠.		
	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	1			
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			• ", '	
c	Enter the amount of reserves on hand			, ,	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	\dashv	<u>x</u>
	If Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	-	
	The state of the s		170		

Form 990 (2011) School Nutrition Foundation 84-6039412 Page 6 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 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. b Enter the number of voting members included in line 1a, above, who are independent 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 Х Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents X 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a X **b** Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a 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? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 13 X 14 X Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a ₹, 4 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Maryland____ 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 Another's website Own website X Upon request 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 during the tax year

20

The Foundation _____ 120 Waterfront St National Harbor MD _ 20745 ____ (301) 686-3100

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

			Foundation			84-603		Page 1
Pärt VIII (Compensation ndependent C	of Officers, Contractors	Directors, Trustee	s, Key Employees	s, Highest	Compensated	Employe	ees, and
C	Check if Schedule	O contains a resp	oonse to any question in	this Part VII				$ abla$

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 r	or any rela	ted o	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee		
(A) Name and title	(B) Average hours per week	unles	s per	son is direc	tion ore that both	an one b an offici ustee)	ox, er	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	advict of trackee or director	mshintonal loistee	Ойкег	Key emplayee	High est compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
_(1)_Nancy_RiceChair	5.00	х		х				0.	0.	0.	
(2) Helen Phillips Chair Elect	3.00	Х		х				0.	0.	0.	
_(3)_Mary_Begalle Director	-3.00	Х						0.	0.	0.	
	3.00	Х						0.	0.	0.	
	3.00	Х		х				0.	0.	0.	
	3.00	х						0.	0.	0.	
_(7)_Donna_Martin	3.00	х						0.	0.	0.	
	40.00	х			х	х		108,385.	0.	0.	
(9) Frank DiPasquale Executive Director	3.00	х						0.	0.	0.	
(10) Danny Seymour Ex Officio	3.00	х						0.	0.	0.	
(11)											
(12)											
(13)											
(14)											

Page 8

(A) Name and title	(B) Average hours per	officer and a director				s both an or/trustee)		(D) Reportable	(E) Reportable	(F) Estimated amount of other
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)									-	
<u>(16)</u>										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								108,385.	0	0.
d Total (add lines 1b and 1c)								108,385.	0	`
 Total number of individuals (including but not limited to from the organization 	those	listed	abo	ove)	who	rec	eive	d more than \$100,	000 of reportable o	compensation
3 Did the organization list any former officer, director or	trustee	, key	em _l	ploy	ee, c	or hig	ghes	t compensated em	ployee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such indiv 4 For any individual listed on line 1a, is the sum of repor the organization and related organizations greater that such individual	table con n \$150,	ompe	ensa P If "Y	tion /es'	and com	othe	er co e Sci	mpensation from hedule J for		3 X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' con	pensat	ion fi	rom	anv	unre	elate	d ord	anızatıon or indivi	dual	CAN WAR SAID
Section B. Independent Contractors 1 Complete this table for your five highest compensated	ındepe	nder	nt co	ntra	ctors	tha	t rec	eived more than \$	100.000 of	
compensation from the organization Report compens	ation fo	r the	cale	enda	r ye	ar er	ndıng	with or within the	organization's tax	
Name and business addres	s							(B Description	of services	(C) Compensation
										
				-						
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶	ıt not lır	nited	to ti	hose	e liste	ed al	bove	e) who received mo	ore than	

Pa	rt 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	1 a Federated campaigns 1 a b Membership dues				. **
SA	b Total Add ince 10 16	1 353 066		·	
	h Total. Add lines 1a-1f	1,352,066.			~ [
Į.					
PROGRAM SERVICE REVENUE	2a				
Z.	e				
ő	f All other program service revenue				
	g Total. Add lines 2a-2f	95,465.	95,465.	0.	0.
	5 Royalties				
	(i) Real (ii) Personal	×. /			· •
	6 a Gross rents	534,	38. 3	<i>\$</i> ₁ ,	,
	b Less rental expenses .				
	c Rental income or (loss)			<u>``_</u>	
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Secunties (ii) Other	, ,	1, 2,	2.3/	*
	assets other than inventory21, 035.		,		
	b Less cost or other basis and sales expenses	* *	, ,	***	,
	c Gain or (loss)21,035.	4 ×	· · · · · · · · · · · · · · · · · · ·	","	
	d Net gain or (loss)	-21,035.	-21,035.	0.	0.
REVENUE	8 a Gross income from fundraising events (not including. \$		*	·	
Æ	of contributions reported on line 1c)				
œ	See Part IV, line 18 a			*	\$
ОТНЕ	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9 a Gross income from gaming activities See Part IV, line 19	,			
	b Less direct expenses b				+
	c Net income or (loss) from gaming activities ▶				
	10 a Gross sales of inventory, less returns and allowances			•	
	c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code				
	11a		-		
	b				
	c		<u> </u>		
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,426,496.	74,430.	0.	0.
		1,120,470.	1 73,300	<u> </u>	<u> </u>

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								
Do 6b,	not include amounts reported on lines 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 United States See Part IV, line 21		•	ž & ,					
2	Grants and other assistance to individuals in the United States See Part IV, line 22	75,900.	75,900.	· ' ;					
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members		***	4	1 . 2 % 3				
5	Compensation of current officers, directors, trustees, and key employees	127,253.	117,253.	10,000.	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)								
7	Other salaries and wages	37,760.	31,284.	6,476.	0.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	31,586.	23,119.	8,467.	0.				
9	Other employee benefits	4,089.							
10	Payroll taxes		0.	4,089.	0.				
	- ·	12,951.	0.	12,951.	0.				
11	Fees for services (non-employees)								
	ı Management	F 227		F 225					
	-	5,337.	0.	5,337.	0.				
	Accounting	26,650.	0.	26,650.	0.				
	Lobbying		· . 4. \$. x1 \$	3 % 1					
	Professional fundraising services See Part IV, line 17	7.5 4.54	34	., ,					
	Investment management fees	15,474.	15,474.	0.	0.				
	Advertising and promotion	0.104	C 51C	2 660					
13	·		6,516.	2,668.	0.				
14	Office expenses	2,396.	1,478.	918.	0.				
15	Information technology								
16	Occupancy	31,250.	0.	21 250					
17	Travel	16,506.	15,147.	31,250.	0.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,300.	15,147.	1,359.	0.				
19 20	Conferences, conventions, and meetings Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	377.	0.	277					
23	Insurance	1,167.	0.	377.	0.				
24	Other expenses Itemize expenses not	1,10/.	<u> </u>	1,167.	0.				
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, (*	y				
	expenses on Schedule O)								
	Site Program Expenses	629,730.	629,730.	0.	0.				
	Grant for PR Campaign	107,551.	107,551.	0.	0.				
	Webinars	30,000.	30,000.	0.	0.				
	Management Fees	20,548.	20,548.	0.	0.				
	All other expenses	184,859.	127,233.	57,626.	0.				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if	1,370,568.	1,201,233.	169,335.	0.				
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
	Check here ► if following								
	SOP 98-2 (ASC 958-720)								
RΔΔ					Form 990 (2011)				

			(A) Beginning of year		(B) End of year
Ţ	1	Cash – non-interest-bearing	2,586,119.	1	3,521,268.
١	2	Savings and temporary cash investments		2	
ł		Pledges and grants receivable, net	124,040.	3	121,540
		Accounts receivable, net	39,366.	4	99,009
			2 7		
		Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	Potential Academia / /
		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).	and the second of the second o	6	
`	7	Notes and loans receivable, net		7	
3		Inventories for sale or use		8	
֡֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Prepaid expenses and deferred charges		9	1,579
•			1948 th	LIST WAR	
	10 a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D			
-	b	Less accumulated depreciation	860.	10 c	483.
-1	11	Investments – publicly traded securities	2,687,341.	11	2,643,984.
-	12	Investments – other securities See Part IV, line 11		12	
-	13	Investments – program-related See Part IV, line 11		13	
١	14	Intangible assets		14	
-	15	Other assets See Part IV, line 11		15	
١	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,437,726.	16	6,387,863
┪	17	Accounts payable and accrued expenses	14,767.	17	9,717
١	18	Grants payable	1,524,781.	18	2,516,908
	19	Deferred revenue	109,393.	19	35,291
╻┃	20	Tax-exempt bond liabilities		20	
֡֡֡֞֞֞֞֡֞֜֞֡֡֜֞֡֡	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
BIL		Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		* (* * * * * * *	
۱ٔ		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
3	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	123,772.	25	105,006
	26	Total liabilities. Add lines 17 through 25	1,772,713.	26	2,666,922
TET.		Organizations that follow SFAS 117, check here ► X and complete lines		\$# Y/ ,	
.		27 through 29 and lines 33 and 34.	ever a minerally source of their exception		
SSET	27	Unrestricted net assets		27	1,130,315
Ě	28	Temporarily restricted net assets		28	114,717
5	29	Permanently restricted net assets	2,475,909.	29	2,475,909
R		Organizations that do not follow SFAS 117, check here > and complete		* y *	
F		lines 30 through 34.	so in him distribution	22	
מצכיי	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ב A	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	3,665,013.	33	3,720,941
		Total liabilities and net assets/fund balances	5,437,726.	34	6,387,863

Form 990 (2011) School Nutrition Foundation	84-6039412	Page 12
PartixIII Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		<u> </u>
		-
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,426,496.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,370,568.
3 Revenue less expenses Subtract line 2 from line 1	3	55,928.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,665,013.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
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	3,720,941.
PartiXIII 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 Cash X Accrual Other		(4) (A) (A)
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a 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 review, or compilation of its financial statements and selection of an independent accountant?		2c X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a	
Separate basis Consolidated basis X Both consolidated and separate basis		9. 19.
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle 	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b
BAA		Form 990 (2011)

TEEA0112 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Públic Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

	_	Nutrition Fo							84-60				
Par	<u>t lă</u>	Reason for Publ	ic Charity Status	(All organizations r	nust co	mplete	this p	art.) S	<u>ee instr</u>	ructions	S		
The o	organ	nization is not a private	foundation because it	is (For lines 1 through 1	11, check	only on	e box)						
1	Ц	•		tion of churches describe		tion 170)(b)(1)(A	.)(i).					
2	Ц	A school described in	section 170(b)(1)(A)(i	i). (Attach Schedule E.))								
3	Ц	•	•	rganization described in			,, ,, ,						
4	Ш	A medical research org	ganization operated in	conjunction with a hospi	ıtal descr	ibed in s	ection 1	170(b)(1)(A)(iii)	Enter the	e hospital's		
_	_	name, city, and state			-								
5		170(b)(1)(A)(iv). (Con	nplete Part II)	college or university ow	·				ai unit de	escribed	in section		
6 7	Н			mmental unit described stantial part of its suppo		•	,, ,, ,,	•	m the go	noral pui	blio docemb	-d	
		ın section 170(b)(1)(A	(Complete Part	II)		governii	ieniai ui	iit Oi 110i	iii iiie ge	iterai pui	onc describe	5 U	
8	님		· · · - · · · · · · · · · · · ·	b)(1)(A)(vi). (Complete	,								
9	X	from activities related t	to its exempt functions d unrelated business to	nore than 33-1/3% of its in a subject to certain exc axable income (less section in the part in the certain except splete Part III)	ceptions,	and (2)	no more	than 33	-1/3% of	its supp	ort from gro	SS	
10	Ц	An organization organi	zed and operated exc	lusively to test for public	safety S	ee sect	ion 509((a)(4).					
11	Ш	more publicly supporte	ed organizations descri	lusively for the benefit of ibed in section 509(a)(1) and complete lines 11e	or section	n 509(a	unctions)(2) See	of, or ca section	arry out t n 509(a)	the purpo (3). Che	oses of one eck the box	or that	
	_	a Type I	b LType II	c 🔛 Type III	- Func	ioņally ii	ntegrate	t		d 📙	Type III	Other	
e		By checking this box, I other than foundation is section 509(a)(2)	l certify that the organi managers and other th	zation is not controlled di an one or more publicly	lirectly or supporte	indirecti d organ	y by one	or more describe	e disqual ed in sec	lified per tion 509(sons (a)(1) or		
f		If the organization received this box		nation from the IRS that	ıs a Typ	e I, Туре	II or Ty	pe III su	pporting	organıza	ation,		. 🗆
ç)	Since August 17, 2006	6, has the organization	accepted any gift or co	ntribution	from ar	y of the	followin	g person	ıs?			
												Yes	No
				trols, either alone or toge orted organization?							. 11 g (i)		
		(ii) A family membe	r of a person described	d ın (ı) above?		<i></i> .					. 11 g (ii)		
		(iii) A 35% controlled	d entity of a person des	scribed in (i) or (ii) above	e?	 .					. 11 g (iii)		
	1	Provide the following in	nformation about the s	upported organization(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) i organiz column (your go docur	ation in i) listed in verning	(v) Did y the organ columi your su	ızatıon in n (i) of	(vi) is organiza colum organiza U S	ation in nn (i) ad in the	(vii) Amour	nt of supp	oort
					Yes	No	Yes	No	Yes	No			
(A)													
<u>(B)</u>													
<u>(C)</u>					ļ								
(D)													
<u>(E)</u>													
Tota	ı				-								

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

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.)

Sec	ction A. Public Support					· <u> </u>	
	endar year (or fiscal year inning 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')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			<u> </u>			
	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		.,				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	£ 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	1	** ^		
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu	<u>blic Support P</u>	ercentage				
	Public support percentage for 201						%
15	Public support percentage from 20	010 Schedule A, Pa	art II, line 14			15	<u>%</u>
16	33-1/3% support test — 2011. If the and stop here. The organization of	he organization did qualifies as a public	I not check the box cly supported organ	on line 13, and th	e line 14 is 33-1/3	% or more, check th	nis box
١	o 33-1/3% support test — 2010. If the and stop here. The organization of	he organization did qualifies as a public	I not check a box only supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exc	lain in Part IV how	
ı	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t The organization	st, check this box a i qualifies as a pub	nd stop here. Exp licly supported org	laın ın Part IV how anizatıon	the · · · · · · ►
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ 🗍
BAA					S	chedule A (Form 9	90 or 990-EZ) 2011

Partillia 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.)

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr 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	600 076	750 455				
2	any 'unusual grants.')	600,076.	768,465.	799,748.	1,574,449.	1,324,481.	5,067,219.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's				•		
	tax-exempt purpose	54,729.	16,350.	22,699.	18,645.	6,550.	118,973.
3				1	_		
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the				-		
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or					-	
	facilities furnished by a governmental unit to the						
	organization without charge					1	
6	Total. Add lines 1 through 5	654,805.	784,815.	822,447.	1,593,094.	1,331,031.	5,186,192.
7 a	Amounts included on lines 1,	·				-	
	2, and 3 received from disqualified persons						
b	Amounts included on lines 2				· · ·		<u> </u>
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or				ł		
	1% of the amount on line 13				l		
	for the year						
-	Add lines 7a and 7b	Bakeran . McCharle . Solat M.	A did the way to be harded to the first to t	Section 1885	CALLO COMPANION AND CASE	1000 - 200 - 200	
8	Public support (Subtract line 7c from line 6)		4.00	200	4.5.35	(4)	5,186,192.
Sec	tion B. Total Support			1 200 200 100		K 444 / 1 444 (111) 4 444	
Calen	dar year (or fiscal yr beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	654,805.	784,815.	822,447.	1,593,094.	1,331,031.	5,186,192.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from						
ь	similar sources	234,963.	-281,659.	317,015.	335,344.	95,465.	701,128.
_	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	234,963.	-281,659.	317,015.	335,344.	95,465.	701,128.
	Net income from unrelated business	20173031	2017037.	317,013.	333,311.	33,403.	701,120.
	activities not included in line 10b, whether or not the business is					İ	
	regularly carned on						
12	Other income Do not include	-					<u> </u>
	gain or loss from the sale of capital assets (Explain in						
	Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)	889,768.			1,928,438.		5,887,320.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, f	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	· 🗆
Sec	tion C. Computation of Pu	blic Support P	ercentage	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 201			3 column (f))		15	88.09 %
16	Public support percentage from 20						86.17 %
	tion D. Computation of Inv	estment Incor	ne Percentag	e			1 00.17 8
17	Investment income percentage for))	17	11.91 %
18	Investment income percentage fro			•			13.83 %
19 a	33-1/3% support tests - 2011. If	the organization d	id not check the be	nx on line 14, and l	line 15 is more tha	n 33-1/3% and lin	e 17
	is not more than 33-1/3%, check the						≻ X
b	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%,	tne organization d check this box and	id not check a box stop here. The or	on line 14 or line ganization qualifie	19a, and line 16 is is as a publicly suc	more than 33-1/39 ported organization	%, and on ▶ □
20	Private foundation. If the organiz						

Schedule A	(Form 990 or 990-EZ)	2011 Scho	ol Nutritio	on Foundation	<u> </u>	84-6039412	Page 4
Part IV	Supplemental In Part II, line 17a or (See instructions)	formation. C · 17b; and Pa ·	omplete this part III, line 12. A	art to provide the lso complete this	explanations require part for any addition	84-6039412 ed by Part II, line 10; nal information.	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization School Nutrition Foundation 84-6039412 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

				oundation			04	84-603		<u></u>	Page 2
Part I	II Organizations Maintai	ining Colle	ctions	of Art, HISTO	orica	i ireasures, or	Otner S	imilar Ass	ets (co	ntinue	<u>ea)</u>
3 U	sing the organization's acquisitionems (check all that apply)	i, accession, a	and other	records, check	any of	the following that a	re a signific	ant use of its	s collection	n	
a j	Public exhibition			d Loan	or excl	hange programs					
ь	Scholarly research			e U Other							
c L	Preservation for future generat	ions									
Р	rovide a description of the organiz art XIV.			·	•			urpose in			
5 D	uring the year, did the organizations sets to be sold to raise funds rati	on solicit or rec ner than to be	eive dor maintain	nations of art, his ned as part of the	storical e orgai	l treasures, or other nization's collection	sımılar ?	<u></u>	Yes		No
Part I	V Escrow and Custodia line 9, or reported an a					ganızation ansv	vered 'Ye	s' to Form	990, P	art IV)
1 a ls	the organization an agent, truste	e, custodian, o	or other i	ntermediary for	contrib	outions or other ass	ets not		Yes		No
	'Yes,' explain the arrangement in									L	
									Amount		
c B	eginning balance						. 1c	·	7 tillount		
	dditions during the year						. 1d				
	istributions during the year						1 1 e				
	• •										
	nding balance						. <u> 1f </u>				T
	id the organization include an am		990, Par	t X, line 21? .	• • •				Yes	L	No
-	Yes,' explain the arrangement in					1.2/14- Farm (000 De-4	IV 1: 40			
Part V	V Endowment Funds. Co										 _
		(a) Current		(b) Pnor year		(c) Two years back		ee years back	(e) F	our years	back
	eginning of year balance	2,613,		2,631,5		2,608,563		<u>475,909.</u>			
b C	ontributions	50,	651.	45,4	73.			515,784.	K.		<u> </u>
	et investment earnings, gains, nd losses	72	,068.	332,7	82.	315,459	, .	283,300.		``	
d G	rants or scholarships									- 🔻 🔏	
	other expenditures for facilities and programs	145,	277.	396,5	85.	165,328		99,830.	3	-:	950
f A	dministrative expenses		0.		0.	127,180).	_0 .		^2 <u>.</u> ,	
gЕ	nd of year balance	2,590,	626.	2,613,1	84.	2,631,514	. 2,	608,563.	. ₩ \	. *	· Anic
2 P	rovide the estimated percentage	of the current	year end	balance (line 1g	g, colu	mn (a)) held as					
a B	oard designated or quasi-endown	nent 🟲	0	.00%							
bР	ermanent endowment	96.00%									
сТ	emporarily restricted endowment	<u> </u>	4.00)							
Т	he percentages in lines 2a, 2b, ar	nd 2c should e	qual 100	- 1%							
	re there endowment funds not in ganization by:	the possessio	n of the o	organization that	t are h	eld and administere	d for the			Yes	No
(i) unrelated organizations								. 3a(i)		Х
(1	i) related organizations								. 3a(ii)		Х
b If	'Yes' to 3a(II), are the related org	anizations list	ed as rec	uired on Sched	ule R?	·			. 3b		
_4 D	escribe in Part XIV the intended i	uses of the org	ganizatio	n's endowment t	funds						
Part '	VI Land, Buildings, and	Equipment	t. See f	orm 990, Pa	art X,	line 10.			-		
	Description of property			t or other basis vestment)) Cost or other basis (other)	(c) Accu	mulated ciation	(d) E	Book va	lue
1aL	and										
b B	uildıngs										
c L	easehold improvements										
	quipment					13,609.		13,126.			483.
e C	 Other										
	Add lines 1a through 1e (Column		al Form 9	90. Part X. colu	mn (R). line 10(c)			·		483.
		, ,				.,					

	edule D (Form 990) 2011 School Nutrition Foundation	84-6039412	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	-	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,426,496.
2	Total expenses (Form 990, Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·	L,370,568.
3	Excess or (deficit) for the year Subtract line 2 from line 1		55,928.
4	Net unrealized gains (losses) on investments		33,323.
5	Donated services and use of facilities		· · · · · · · · · · · · · · · · · · ·
6	Investment expenses	· · · · · · · · · · · · · · · · · · ·	
7	Prior period adjustments		
8	Other (Describe in Part XIV)	·	
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		55,928.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per		33,320.
1	Total revenue, gains, and other support per audited financial statements		1,426,496.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	STARL.	1,420,490.
	a Net unrealized gains on investments		
		3	
	Recovenes of prior year grants		
	d Other (Describe in Part XIV)		
_	e Add lines 2a through 2d	· ·	
3	Subtract line 2e from line 1		L,426,496.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	<u> </u>	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,426,496.
	rt:XIII [®] Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements		<u>1,370,568.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities		
I	b Prior year adjustments		
	c Other losses		
•	d Other (Describe in Part XIV)....................................		
	e Add lines 2a through 2d 	2e	
3	Subtract line 2e from line 1		1,370,568.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,370,568.
	rtiXIVa Supplemental Information		
Part	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line V, line 4, Part XI, line 2, Part XI, line 8; Part XII, lines 2d and 4b Also complete this	s 1b and 2b;	
	additional information	part to provide	
			

Schedule D (Form 990) 2011 School Nutrition Foundation Part:XIV: Supplemental Information (continued)	84-6039412 Page 5
Part:XIV: Supplemental Information (continued)	
	
	- -

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

2011

OMB No 1545-0047

≗ □

X Yes

Open to Public Inspection

Employer Identification number 84-6039412 Part I General Information on Grants and Assistance School Nutrition Foundation Department of the Treasury Internal Revenue Service Name of the organization

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	nce to Governme or any recipient the odditional space is	ints and Organi at received more needed	iizations in the Unit e than \$5,000. Chec	ed States. Comple this box if no one	te if the organization recipient received	on answered 'Yes' more than \$5,000	to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
							i
(2)							
					**		
(3)							
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !						!	
(4)							
[5]							
	i						:
(8)							
			į				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government organ	izations listed in the	line 1 table				
3 Enter total number of other organizations listed in the line 1 tabl	s listed in the line 1 tal						

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Page 2

(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 Winston Scholarships	12	22,650.			
2 Winston/ANC Scholarships	20	10,000.			
3 Memorial Fund Scholarships	2	1,000.			
4 Schwan's Food Service Scholarship	20	42,635.			
5 GED Jumpstart	2	400.			
6 Professional Growth	o.	6,500.			
7 Reartive Supplemental Information. Complete this p.	olete this part to pro	art to provide the information required in Part I line	required in Part I	^	and any other additional information
Pt_I_Line_2WINSTON_SCHOLARSHIPS:	ARSHIPS: This s	scholarship_will	l_be_available	i _H i	members
Pt_I Line_2who_wish_to_pursue_	irsue a course of	of study in sc	study in school foodservice	ce or a related field.	
Pt_I_Line_2Scholarships_up_to_{\$2_	500	each will be awarded to students	rded to studen	ts pursuing a school	90]
Pt I Line 2foodservice re	foodservice_related_program_such	such as dietet:	ics, hospitali	as_dietetics, hospitality, culinary, food service	d service
Pt I Line 2management at	the graduate, undergraduate		or vocational/technical	technical school level.	level
Pt_I_Line_2Applicants_are	are evaluated on	on_the_following	criteria: Career	er goals, Academic	
Pt I Line 2achievement, Employment history and Recommendations	amployment_hist	ory_and_Recomme	e <u>ndations.</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BROFESSIONAL GROWTH SCHOLARSHIP:	PROWTH SCHOLARS	HIP:	; ; ; ;		
This scholarship is for		active SNA members	employed in s	employed in school foodservice	and
enrolled in undergraduate		<u>or graduate study</u>	Y_at_a_vocatio	study_at_a_vocational/technical_institution	titution.
See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet) BAA	ormation (Continuation S	sheet)			Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2011

Employer identification number

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.

School Nutrition Foundation	84-6039412
Pt VI, Line 11a The 990 is reviewed by the School Nutrition Fou	ndation
Executive Director and Board prior to filing.	·
Pt VI, Line 12c Conflict of Interest statements are completed h	oy the
School Nutrition Foundation Directors annually.	
Pt_VI, Line 15 Performance & merit_reviews are performed annua	ally_and
employees are eligible for a merit based salary	increase
Market survey reviews are used to establish rea	sonable
comparable salaries and periodically a compensa	tion_consultant
is_used_to_review_individual_salaries_against_t	he market.
Pt XII, Line 2c The Foundation has a Finance/Audit committee the	nat_reviews
the Independent Audit, annually. The selection of	f the Independent Auditor
is made by the related organization.	
Pt VI, Line 19 These documents are made available upon request	;
Pt VI, Line 4 SNF made bylaw amendments that were aapproved i	n FY 11-12 that
will go into effect in FY 12-13	·
Pt VI, Line 7a Under FY 11-12 bylaws, the SNF Chair had power	to appoint members.
	·
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SCHEDULE R (Form 990)

Name of the organization

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Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

201

OMB No 1545-0047

Open to Public Inspection

Employer identification number

(f)
Direct controlling
entity Yes Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f)
Direct controlling
entity 84-6039412 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity (a) Name, address, and EIN of disregarded entity (a) (ame, address, and EIN of related organization School Nutrition Foundation ı

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ŝ N/A TEEA5001 09/08/11 ΰ 501 8 Prof/ Social Welfare Organization BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. School Nutrition Association 120 Waterfront Street, Suite 300 National Harbor, MD 20745 84-0445578 1 1 [2] ₹ ଟ୍ର

Page 2

Schedule R (Form 990) 2011 School Nutrition Foundation

84-6039412

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(a) (b) (c) Controlling entity (regal dominile controlling entity (regal some en foreign foreign foreign day under	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	Share of total	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
(2)										
										<u></u>
(3)						i				
1 1 1 1 1 1			<u>.</u>	-						
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization a line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	izations re related	Taxable as a C	orporation or reated as a cor	ible as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, anizations treated as a corporation or trust during the tax year.)	if the organizat during the tax y	ion answere ear.)	d 'Yes' to Forn	n 990, Part	<u>'</u>
(a) Name, address, and EIN of related organization	a) N of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
(1)			:							
	 	1 1 1								
		1 1	1		-					
(2)	,									į
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	1 1 1	1							
	1 1 1 1 1 1 1 1	 	-,-			,				
(3)										
			<u> </u>			_				
ВАА				TEEA5002 0	05/24/11			Sc	Schedule R (Form 990) 2011	n 990) 2011

84-6039412

[图形形] Transactions With Related Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

				1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	Ŷ
	isted in Parts II-IV?			
			1a	×
b Grift, grant, or capital contribution to related organization(s)			10	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loane or loan augrantage to or for related organization(s)				;
) 	۲
e Loans or loan guarantees by related organization(s)			1e	×
f Sale of assets to related organization(s)				×
g Purchase of assets from related organization(s)			1.	×
			1	: ;
			- - - - -	×
i Lease of facilities, equipment, or other assets to related organization(s)			11	×
J Lease of facilities, equipment, or other assets from related organization(s)			1	×
ō			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	×
Performance of services or membership or fundraising solicitations by related organization(s)				١×
m Sharno of facilities, equinment, mailing lists, or other assets with related organization(s).			> E	:
Photography of part control of depression with solicided control and control of graphy of the control of the co			< :	1
is shalling of paid employees with related organization(s)			×	
				× **
o Reimbursement paid to related organization(s) for expenses			10 ×	
p Reimbursement paid by related organization(s) for expenses				×
q Other transfer of cash or property to related organization(s)			19	×
r Other transfer of cash or property from related organization(s)		• • • • • • • • • • • • • • • • • • • •		×
2 If the answer to any of the above is Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	red relationships and tra	nsaction thresholds.		
(a)	(b)	(5)	(p)	<u> </u>
Name or other organization	I ransaction type (a-r)	Amount involved	Method of determining amount involved	<u>G</u>
(1) School Nutrition Association	£	31,250.	Direct Billed	ָּי ַ
		i		,
(2) School Nutrition Association	n	185,368.	Direct Billed	ש
Solve the state of		,		
School Nuclicion Association	0	140,763.	Direct Billed	اه
(4)				ŀ
(5)				
(9)				
BAA TEEA5003 05/24/11		Sche	Schedule R (Form 990) 2011	ΙΞ

尼西瓜以 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain prostment partnerships.

		00							l		
(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, unrelated, conded from tax under from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportonate tionate allocations?	Code V-UBI amount in box 20 of Schedule Form (105)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes No			Yes No		Yes	ş	
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Schedule R (Form 990) 2011	School Nutrition Founda	ition	84-6039412	Page 5
Part VII Supplementa	School Nutrition Foundaring Information			
Complete this	part to provide additional inform	ation for responses to questions	on Schedule R	
(see instruction	ns).	ation for responses to questions	o.,	
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)	
Briefly describe the organization's mission:	
To assist in the recruitment of qualified personnel for training in the field of school	
food service. To conduct nutritional related research projects in the area of nutrition and human growth	-
and development. This research is tied to the Food Industry, School Food Service and	-
School lunch relations and cooperation.	•
	•
Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)	

report the amount of grants and allocations to others, the total expenses, and revenue, if any, for

Expenses 960,557.

84-6039412

School Nutrition Foundation

each program service reported.

Revenue. 1,101,963.

Grants Of _

Code: _____ Description: See Statement Attached

33,900.

Schedule I (Form 990) - Part IV - Supplemental Information (continued)
Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Indirect Costs	93,430.	46,745.	46,685.	0.
Office Equipment	647.	0.	647.	0.
Telephone	1,921.	1,000.	921.	0.
Raiser Edge Software	3,290.	0.	3,290.	0.
Printing	335.	192.	143.	0.
Postage & Delivery	511.	597.	-86.	0.
Bank Charges	282.	74.	208.	0.
Payroll Processing Fees	793.	0.	793.	0.
Property Taxes	230.	0.	230.	0.
Dues & Licenses	3,099.	1,493.	1,606.	
Consultants	69,425.	67,264.	2,161.	
ANC Special Event Expenses	2,774.	2,774.	0.	0.
Board of Directors Expenses	9,724.	0.	9,724.	0.
Professional Fees	-1,793.	-1,793.	0.	0.
Donor Recognition	191.	0.	191.	0.
Fringe Allocation	0.	8,887.	-8,887.	0.

School Nutrition Foundation EIN: 84-6039412

Form 990 Other Program Services Part III

Description of Other Program Services	Expenses	Including Grants of	Revenues
SNF Professional Growth Scholarship- This scholarship is for active SNA members employed in school foodservice and enrolled in undergraduate or graduate study at a vocational/technical institution, community college, college or university.	7,856.40	0.00	6,549.75
ANC First Timer Scholarship - This scholarship is offered to SNA members who would like to attend ANC for the first time. The multiple \$500 scholarships allow more SNA members to take part in ANC and be more active in SNA. Applicants must be from the employee or manager category and be nominated by the district director who must also be attending ANC. Awards are made on a first come, first serve basis.	16,556.21	10,000.00	10,000.00
SNF Special Named Fund - This fund provides academic scholarship support and funding for leadership development programs for child nutrition professionals. Funding for the special named fund is provided by individuals, industry and friends of the School Nutrition Foundation.	1,586.21	1,000.00	2,948.46
Winston Scholarship - This scholarship will be available for active SNA members who wish to pursue a course of study in school foodservice or a related field. Scholarships up to \$2,500 each will be awarded to students pursuing study in a school foodservice related program such as dietetics, hospitality, culinary, food service management at the graduate, undergraduate or vocational/technical school level.	25,350.00	22,500.00	25,000.00
Webinars - the webinars provide an E-Learning environment in a 75 minute format to SNA members and the School Nutrition Community on related topics of interest and importance for continuing education credit. These webinars allow registrants to participate in an audio/web conference. The moderated panel consists of three to four subject matter experts who have a 10 to 15 minute time frame to make their presentation accompanied by visuals.	35,863.15	0.00	155,097.60
NDC Marketing 101 - SNA has developed a new on line marketing course: Marketing 101 for School Nutrition Professionals. This 4 hour on-line course will give school foodservice directors and their staff the tools they need to better increase school meals participation through better marketing to all constituents.	0.00	0.00	2,492.25
NDC Fuel Up to Play - Provides many opportunities to engage the school nutrition community at many different levels. SNF has incorporated Fuel up to Play 60 as a marketing program example throughout course and related collateral materials.	22,740.87	0.00	22,740.87
NDC Chef Vignettes: SNF produced a series of 6 vignettes sharing the stories of chefs working with school districts. These 2- minute vignettes will showcase the impact chefs are having in school kitchens and child nutrition programs. The underlying emphasis is how chefs are supporting CN professionals to increase participation, produce healthy meals and can be used as resource to reach different parts of the school community.	41,147.62	0.00	41,147.62
NDC Building a Better Breakfast-To provide the framework and network to help the CN community connect more easily and quickly around breakfast, SNF proposes to build on its current breakfast success and create a	43,011.30	0.00	43,011.30

Breakfast Peer Advisory Network. The Peer Advisory Network will be a place for SNA members to share ideas, best practices and strategies around breakfast as well as offer educational opportunities and technical assistance with the goal of growing breakfast programs and increasing participation. In addition, SNF will complete two case studies detailing the successful models of breakfast in the classroom in Memphis City Schools and the Dallas Independent School District.

WalMart Foundation - The goal of the program is to increase universal in classroom breakfast participation at thirteen pilot school district sites nationwide. The grant will be spent to support SNF's program related to expanding this breakfast program and to fund a regrant pool for the five pilot districts. The regrant pool will be used to support infrastructure and equipment needs to increase the universal in classroom breakfast program.

733,582.00 0.00 733,582.18

Misc. Programs

833.00 400.00 24,308.00

National Peanut Board- SNF created resources for child nutrition professionals for managing food allergies and special diets in the school foodservice setting. The resources were an SNF Webinar Wednesday and Peer to Peer Call; creation of a food allergy resource center; and creation of an hour long training course for school foodservice professionals on managing food allergies in the foodservice setting.

27,800.44 0.00 35,085.00

Richard Russell Speaker Fund - is made in memory of former US Senator Richard B. Russell of Georgia and the Richard B. Russell National School Lunch Act of 1946 and in honor of incoming 2010-2011 SNA President Nancy B. Rice and former SNA Presidents Josephine M. Martin and Mary Nix. The purpose of the fund is to support leadership training and expand the academic and intellectual development of school nutrition professionals by providing funds for a leadership speaker break out session at the School Nutrition Association's National Conference.

4,230.21 0.00 0.00

Totals

960,557.41 33,900.00 1,101,963.03