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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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OMB No 1545-1150

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information

2017

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A For the 2017 calendar year, or tax year beginning <u>8/01</u> , 2017, and ending <u>12/31</u> , 2017		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C SCHOOL NUTRITION ASSOCIATION OF ARIZONA 14410 N. 10TH PLACE PHOENIX, AZ 85022	D Employer identification number <u>86-6054525</u>	
			E Telephone number <u>(602) 764-7900</u>		
			F Group Exemption Number <u>(S4)</u>		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► WWW.SNAAZ.ORG					
J Tax-exempt status (check only one) — <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					
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ <u>145,516.</u>			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	<u>9,722.</u>		
	2 Program service revenue including government fees and contracts	2	<u>130,779.</u>		
	3 Membership dues and assessments	3			
	4 Investment income	4	<u>5,015.</u>		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events	6a			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	of contributions		
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c Less direct expenses from gaming and fundraising events	6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8 Other revenue (describe in Schedule O)	8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>145,516.</u>		
	EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10		
		11 Benefits paid to or for members	11		
		12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors		13	<u>8,810.</u>		
14 Occupancy, rent, utilities, and maintenance		14			
15 Printing, publications, postage, and shipping		15			
16 Other expenses (describe in Schedule O)		16	<u>180,193.</u>		
17 Total expenses. Add lines 10 through 16		17	<u>189,003.</u>		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>-43,487.</u>		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	<u>371,067.</u>		
20 Other changes in net assets or fund balances (explain in Schedule O)		20			
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	<u>327,580.</u>		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter:
 a Initiation fees and capital contributions included on line 9 39a N/A
 b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed ► AZ

42a The organization's books are in care of ► ERIN BONNER Telephone no. ► (602) 764-7900
 Located at ► 14410 N. 10TH PLACE PHOENIX AZ ZIP + 4 ► 85022

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► 42b X

Yes	No
42b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

<input type="checkbox"/>	Yes	No <input type="checkbox"/>
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

<input type="checkbox"/>	Yes	No <input type="checkbox"/>
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Lisa Thrower 05/09/18

Signature of officer

► LISA THROWER

Type or print name and title

President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Mary K. Hanss	Mary K. Hanss	5/2/18		P00259233
	Firm's name ► Seely, Mullins & Associates PC				
	Firm's address ► 7141 N. 51st Avenue, Suite C Glendale, AZ 85301			Firm's EIN ► 86-0277974	Phone no (623) 939-7581

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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Name of the organization

SCHOOL NUTRITION ASSOCIATION OF ARIZONA

Employer identification number

86-6054525

Form 990-EZ, Part I, Line 16
Other Expenses

ANNUAL STATE CONFERENCE EXP	\$ 132,630.
BANK CHARGES	3,957.
CHAPTER CHALLENGE	1,000.
CNIC CONFERENCE	8,688.
COMMITTEE EXPENSE	184.
DIRECTORS EXPENSE	1,736.
EXECUTIVE SERVICES	12,622.
Insurance	2,663.
MEMBERSHIP DUES	4,609.
NATIONAL LEADERSHIP CONFERENCE	6,895.
PROFESSIONAL GROWTH CONF	2,750.
PUBLIC INFO STATE JOURNAL	881.
RECOGNITIONS AND AWARDS	1,578.
Total	\$ <u>180,193.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE ASSOCIATION IS A GROUP OF FOOD SERVICE PROFESSIONALS DEDICATED TO PROVIDING DIRECTION AND LEADERSHIP FOR DEVELOPING AND PROVIDING HIGH QUALITY, COST-EFFECTIVE NUTRITION EDUCATION PROGRAMS FOR ALL CHILDREN AND THE SCHOOL COMMUNITY.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

THE GOALS OF THE ASSOCIATION ARE MET BY PROVIDING SEMINARS, WORKSHOPS, AND CLASSES TO ITS MEMBERS. THESE CLASSES AND SEMINARS PROVIDE EDUCATION ON NUTRITION, MANAGEMENT STRATEGIES AND MARKETING CHILD NUTRITION PROGRAMS.