	~		Б	oturn o	f Organiza	tion Exampt	Erom II		ma Tax		0	MB No. 1545-0047
Form	99	JU	ĸ	eturn o	n Organiza	tion Exempt		ICOI	ne raz			2021
			Under secti	ion 501(c), 5	527, or 4947(a)(1)	of the Internal Reven	ue Code (ex	cept pi	rivate foun	dations	;)	2021
Depar	ment of	the Treasury	►	Do not ent	er social security	numbers on this form	n as it may l	be mad	de public.		0	Open to Public
		ue Service		► Go to w	/ww.irs.gov/Form	990 for instructions a	and the lates	st info	rmation.			Inspection
A F	or the	e 2021 calend	ar year, or tax	year begin	ning	08-0	<u>1</u> , 2021 ,a	nd end	ding	, (07-31	, 20 2 2
B	heck if a	applicable:	C Name of o	organization SC	HOOL NUTRITI	ON ASSOC OF OH	10			D Em	ployer ide	ntification number
A	ddress o	change	Doing bus	siness as							31-	0913799
<u> </u>	lame cha	ange	Number a	and street (or P.0	 box if mail is not delive 	ered to street address)		Room/s	uite	E Tele	ephone nur	nber
<u> </u>	nitial retu	urn	400 WE:	ST WILSO	N BRIDGE RD				120		(61	4)221-1900
L F	inal retu	rn/terminated	City or to	wn, state or prov	ince, country, and ZIP or	foreign postal code				G Gro	oss receipts	3
∐ ^	mended	l return	WORTHI	NGTON, O	н 43085					\$		219,858
L 4	pplicatio	on pending	F Name and	d address of prir	ncipal officer:				H(a) Is this	a group retur	n for subordi	nates? Yes X No
									H(b) Are a	l subordina	ates includ	ed? Yes No
<u>I</u>	ax-exem	npt status:	501(c)(3) X	501(c) (6) < (insert no.)	4947(a)(1) or 5	27		lf "No	" attach a	list. See in	structions
JV	Vebsite:		SNAOHIO.	ORG					H(c) Group	exemptio	n number	•
		organization: X		Trust Asso	ociation Other ►	L	. Year of formati	on: 19	83 M	State of I	egal domic	ile: OH
Pa		Summar										
	1	•	•		on or most significa	ant activities: Prom	ote heal	thfu	l meals	and	nutri	tion
ø		educatio	n in Ohio	's schoo	ls.							
anc												
Governance												
Ň	2			0		erations or disposed o				1	1	
യ ൽ	3		-	-	rning body (Part VI							18
es	4			-		ody (Part VI, line 1b)						18
Activities &	5				-	1 (Part V, line 2a)						0
Acti	6		r of volunteers	•	• •	• • • • • • • • • • • • • • • • • • •						
	7a					c), line 12						0
	b	Net unrelate	d business taxa	able income	from Form 990-T, F	Part I, line 11		· · · ·				0
									Prior Yea			Current Year
	8					•••••				3,400		74,443
nue	9	-				· · · · · · · · · · · · · · · · · · ·			9	3,330		141,218
Revenue	10)				4		45
Ř	11					c, and 11e)				5,397		4,152
	12				,	l, column (A), line 12)		_	14	2,131		219,858
	13			• •		(1-3)		·				0
	14				(, column (A), line 4			•				0
ŝ	15		•			column (A), lines 5-10)						0
nse			-	•	· · /)		•				0
Expenses	17					e)			1 7	0 221		100 771
ш	18	•		. ,		nn (A), line 25)				8,221 8,221		199,771 199,771
	19			•	•					6,090		20,087
. <i>u</i>		1.0101100100	o onportoco. O			•••••	• • • • • •		د) ginning of Cu			End of Year
Net Assets or Fund Balances	20	Total assets	(Part X line 16	5) .						3,218		114,186
Sset	21		es (Part X, line							4,200		6,595
let ⊿ und	22			,				-	8	9,018		107,591
	rt II		re Block					•		57010	·	2077092
Unde	r penalti	ies of perjury, I dec	clare that I have exa			ng schedules and statements		of my kn	owledge and b	elief, it is		
true,	correct,	and complete. Dee	claration of prepare	r (other than offi	cer) is based on all inform	nation of which preparer has	any knowledge.					
		Trac	ey Hogan									
Sig	n		e of officer							C	Date	
Her		Trac	ey Hogan,	EXEC DI	R							
			print name and title									
		Print/Type pre	eparer's name		Preparer's signature		Date		Checl	if	PTIN	
Paie	b	Wade St	een				11-27-20	22		mployed		1340967
	- parei			Steen &	Company		0		Firm's EIN		0	
	Only								Phone no.			
					OH 43215					614	-832-9	9399

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

No

. X Yes

Form	n 990 (2021) SCHOOL NUTRITION ASSOC OF OHIO	31-0913799	Page 2
	It III Statement of Program Service Accomplishments		ŭ
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Promote healthful meals and nutrition education in Ohio's schools.		
2	Did the organization undertake any significant program services during the year which were not listed on the	—	Π
	prior Form 990 or 990-EZ?	📋 Yes	<u>x</u> 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		
		📋 Yes	<u>X</u> NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	-	
	the total expenses, and revenue, if any, for each program service reported.	thers,	
	the total expenses, and revenue, it any, for each program service reported.		
4a	(Code:) (Expenses \$ 113,837 including grants of \$) (Revenue	\$)
Ψa	Promote healthful meals and nutrition education in Ohio's schools.)
	Fiomote heatthing means and nutrition education in onio's schools.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	(•	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 113,837		
EEA		For	m 990 (2021)

Form	990 (2021) SCHOOL NUTRITION ASSOC OF OHIO 31-09137	99	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
÷	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1.0		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
a	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	· · · u		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		
b	Schedule D, Parts XI and XII	12a	x	<u> </u>
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	120		x x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
13	If "Yes," complete Schedule G, Part III.	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<u> </u>
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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	• • • • •	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) 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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		00-		
	"Yes," complete Schedule L, Part IV.		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	• • • • •	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		20-		
20	"Yes," complete Schedule L, Part IV.	• • • • •	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		20		v
21	conservation contributions? If "Yes," complete Schedule M		30 21		x
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	• • • • •	31		x
32	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	• • • • • •	JZ		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	• • • • •			
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		-		
-	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	l
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	-			
	reportable gaming (gambling) winnings to prize winners?		1c		
_					_

	990 (2021) SCHOOL NUTRITION ASSOC OF OHIO	31-09137	99	F	Page :
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		5c		
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 as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
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?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
С	required to file Form 8282?		7c		
لہ		1	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7-		
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		x
	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		x
	Section 501(c)(7) organizations. Enter:	I			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	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.)				
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
;	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>		14b		~
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				-
			15		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		40		
i	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		-
	If "Yes," complete Form 6069.				

Forr	m 990 (2021) SCHOOL NUTRITION ASSOC OF OHIO 31-091	3799	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N	0"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc			_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			1
			Yes	No
1a		L8		
	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 on Schedule O.			
b		L8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2	-	x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			х
6 7-	Did the organization have members or stockholders?	. 6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
ь.	one or more members of the governing body?	. 7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		
0	stockholders, or persons other than the governing body?	. 7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following: The governing body?	. 8a	v	
a b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 00	^	
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 3		~
000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		
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	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		-	
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	ı x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 120	x	
13	Did the organization have a written whistleblower policy?		-	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	1	x
b	Other officers or key employees of the organization	. 15)	х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. 16a	1	х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16)	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🔀 Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Tracey Hogan (614)221-1900, 400 WEST WILSON BRIDGE RD, WORTHINGTON, OH 43085			

Form 990 (202	SCHOOL NUTRITION ASSOC OF OHIO	31-0913799	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete t organization's t	nis table for all persons required to be listed. Report compensation for the calendar year ending with c ax year.	or within the								

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

	ica organizat		npon	Jun	su ui	iy oun	on			
				((C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an			,	Reportable	Reportable	Estimated amount		
	hours						compensation	compensation	of other	
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or o	Inst	Officer	Kej	emj	Former	1099-MISC/	1099-MISC/	organization and
	related	lirec	itutio	cer	' em	bloye	mer	1099-NEC)	1099-NEC	related organizations
	organizations	lor tor	Institutional trust		Key employee	e com				
	below	Individual trustee or director	trust		ee	Ipen				
	dotted line)		ee			Highest compensated employee				
						<u> </u>				
(1) Tracey Hogan	13.00									
Executive Director		х						0	0	0
(2) Tiffany McCleese	1.00									
President				х				0	0	0
(3) Ashley Morena	1.00									
Vice President				х				0	0	0
(4) Andrew Mendez	1.00									
Secretary/Treasurer				х				0	0	0
(5) Janelle Brunswick	1.00									
President Elect				х				0	0	0
(6) Jennifer Bujak-Hirsch	1.00									
Immediate Past President				х				0	0	0
(7) Jackie Hess	1.00									
Lead Regional Director				x				0	0	0
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										
										5 600 (000 ()

	90 (2021) SCHOOL NUTRITION										L-0913	799	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar		•	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ai /trustee)	n)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W 1009-MISC/	able ation ated	cor	(F) ated amo of other npensation rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	SC/	orga	nization a	
(15)														
<u>(</u> 16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		· · ·	•••	•••	•••		• •						
d	Total (add lines 1b and 1c)							-	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual										••••	4		x
	for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensa										ov voor			
	compensation from the organization. Report comp (A)	ensation for	ine cai	enua	ar ye	are	naing	with	(B)	Izations ta	ax year.	(C)		
	Name and business addres	s							Description of servic	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos ►		ted a	above) wh	0					

Form 9	<u>`</u>				N ASS	SOC OF OHIO			31-09137	99 Page 9
Part	VIII	Statement of Rev	eni	le	_					
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>(</i>)	b	Membership dues			1b	74,443				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
ŋ g	d	Related organizations .			1d					
sifts ar A	е	Government grants (conti	ributi	ons)	1e					
s, s inii	f	All other contributions, gif	ts, gi	rants,						
er Si		and similar amounts not i	ncluc	led above	1f					
othe	g	Noncash contributions inc	clude	d in						
ont		lines 1a-1f	•••		1g	\$				
0.0	h	Total. Add lines 1a-1f	••				74,443			
						Business Code				
ð	2a	meeting/educ inc				611710	141,218	141,218		
۵ <u>۲</u>	b									
Sei	C									
am	d									
Program Service Revenue	e									
ē.		All other program service								
	g	Total. Add lines 2a-2f .					141,218			
	3	Investment income (includ					45	45		
	4	other similar amounts) . Income from investment of					45	45		
	5	Royalties		•	•					
	5			(i) Rea		(ii) Personal				
	62	Gross rents	6a		11					
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from	, <u> </u>	(i) Securiti		(ii) Other				
	10	sales of assets		()						
		other than inventory	7a							
	b	Less: cost or other basis								
ð		and sales expenses	7b							
ino'	c	Gain or (loss)	7c							
Rev	d	Net gain or (loss)			. <u></u>					
Other Revenue	8a	Gross income from fundra	ising							
đ		events (not including \$_			_					
		of contributions reported of	on line	е						
		1c). See Part IV, line 18								
		Less: direct expenses .								
		Net income or (loss) from		raising even	ts .	<u></u> ►				
	9a	Gross income from gaming	-							
		activities, See Part IV, line								
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ing activities	· · ·	···· ►				
	10a	Gross sales of inventory, I returns and allowances .			10a					
	h	Less: cost of goods sold								
		-								
		Net income or (loss) from	30165	5 OF ITVEITION	y	Business Code				
	11a									
Miscellanous Revenue		scholarship rever	11100	1		900099	4,152	4,152		
fent	C C						7,134	7,132		
sce Rev		All other revenue								
ž		Total. Add lines 11a-11d					4,152			
		Total revenue. See instru					219,858		0	0

Form	990	(2021)	
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2021) SCHOOL NUTRITION ASSOC OF OHIO

Part IX Statement of Functional Expenses

31-0913799

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A) Tatal auroanaa	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	85,934		85,934	
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	89,312	89,312		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Member services	3,230	3,230		
b	Sponsorhips	13,080	13,080		
С	Scholarship expenses	2,093	2,093		
d	Board & Committee expenses	2,078	2,078		
е	All other expenses	4,044	4,044		
25	Total functional expenses. Add lines 1 through 24e	199 , 771	113,837	85,934	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	3:	1-09137	99 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[]
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	76,316	2	101,193
ets	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,975	4	5,975
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10,927	9	7,018
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	93,218	16	114,186
	17	Accounts payable and accrued expenses		17	6,595
	18	Grants payable		18	
	19	Deferred revenue	4,200	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26	Total liabilities. Add lines 17 through 25	4,200	26	6,595
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
ance ance	27	Net assets without donor restrictions	70,540		88,327
Bala	28	Net assets with donor restrictions	18,478	28	19,264
Ъ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	89,018		107,591
	33	Total liabilities and net assets/fund balances	93,218	33	114,186

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Form 990 (2021)

Form	990 (2021) SCHOOL NUTRITION ASSOC OF OHIO	31-091379	9	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		219,	,858
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		199,	,771
3	Revenue less expenses. Subtract line 2 from line 1	. 3		20,	,087
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		89,	,018
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		(1,	,514)
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		107,	,591
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2021)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Name of the same	
Internal Revenue S	Service
Department of the	reasury

Name o	f the organization	Employer identification number
сно	L NUTRITION ASSOC OF OHIO	31-0913799
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		historically important land area
		certified historic structure
	Preservation of open space	
2	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 Yea
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
Ū	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ū	violations, and enforcement of the conservation easements it holds?	🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv	
Ū	Chair and Total to a total of the interning, inspecting, that all ing of the allows, and of the only of the interning of the allows and of the only of the interning of the allows and of the only of the interning of the allows and of the only of the interning of the allows and of the only of the interning of the allows and of the only o	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•	 \$ 	roadonione danng the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	
Par	III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB 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 furth	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal	lance sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	
2	Revenue included on Form 990, Part VIII, line 1	▶ ¢
a b	Assets included in Form 990, Part X	
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	D (Form 990) 2021 SCHOOL NUTRITIC				•		31-091			age 2
Par	v v								ontini	ued)
3	Using the organization's acquisition, access	ion, and other records	s, check	any of the fo	llowing that r	nake sig	gnificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange p	rograms	6			
b	Scholarly research		е	Other						-
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how the	ey further the	e organizatio	n's exem	npt purpose in Par	rt		
	XIII.									
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather than	to be maintained as p	part of the	e organizatio	on's collectio	n?		. 🗌 Ye	s 🗌	No
Par										
	Complete if the organization		on For	m 990. P	art IV. line	9. or i	reported an an	nount on	Form	n
	990, Part X, line 21.			,	,	-, -			-	
1a	Is the organization an agent, trustee, custod	ian or other intermedi	arv for co	ontributions	or other asse	ets not				
iu			-					🗌 Ye	с П	No
b	If "Yes," explain the arrangement in Part XII					••••			5 L	
			nowing a				Δr	nount		
•	Beginning balance					10		noun		
C										
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F									No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanatic	n has been	provided on	Part XIII			•	
Par			_							
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line	10.	[
		(a) Current year	(b) F	rior year	(c) Two years	s back	(d) Three years back	(e) Fou	ir years b	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1o	, column (a)) held as:		1			
а	Board designated or quasi-endowment	▶	%		,					
b	Permanent endowment	%	_							
c	Term endowment %									
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss		ation that	are held an	d administer	ed for the	۵			
ou	organization by:						6		Yes	No
	c ,							. 3a(i)		NO
	(i) Unrelated organizations								1	
L.	(ii) Related organizations								<u> </u>	
b	If "Yes" on line 3a(ii), are the related organiz	•						. 3b	<u> </u>	
4 Dor	Describe in Part XIII the intended uses of the		owment	unas.						
Par	3 , , , , , , , , , , , , , , , , , , ,		or F -		ort IV line	11- 1		Dert V	line 4	0
	Complete if the organization									υ.
	Description of property	(a) Cost or othe			r other basis	• • •	Accumulated	(d) Boo	ok value	
		(investme	nt)	(0	other)	d	epreciation			
1a	Land	••								
b	Buildings	••								
С	Leasehold improvements	•••								
d	Equipment	••								
e	Other	•••								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colui	mn (B), line	10c.)	. <u></u> .				

Schedule D (Form 990) 2021

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Part VII	Investments - Other Securities. Complete if the organization answered "Y	/es" on Fori	m 990, Part IV, lir	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c	Method of valuation: end-of-year market value
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.).	>			
Part VIII	Investments - Program Related.	🕨			
	Complete if the organization answered "Y	es" on For	m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		 Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.).				
Part IX	Other Assets.				
Tartix	Complete if the organization answered "Y	(es" on For	m 990 Part IV lin	e 11d. See Form	990 Part X line 15
	(a) Descrip				(b) Book value
(1)	(4) 2000				(1)
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.).			· · · · · · · •	
Part X	Other Liabilities. Complete if the organization answered "Y line 25.	∕es" on Fori	m 990, Part IV, lir	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
-	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) . ►				
	uncertain tax positions. In Part XIII, provide the text of	the footnote to	the organization's fina	ancial statements that	reports the
organization's	liability for uncertain tax positions under FASB ASC 74	40. Check here	if the text of the footn	ote has been provided	d in Part XIII

Schedule	D (Form 990) 2021 SCHOOL NUTRITION ASSOC OF OHIO	31-0913799	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	219,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	219,858
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	. 5	219,858
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	199,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	199,771
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	199,771
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

31-0913799

Department of the Treasury Internal Revenue Service

Name of the organization

SCHOOL NUTRITION ASSOC OF OHIO

01. Members or stockholder classes and rights (Part VI, line 6)

SNA ia a member association

02. Member election for additional members (Part VI, line 7a)

members elect the Governing Board

03. Governing body decisions (Part VI, line 7b)

The elected Governing Board has the authority to manage the organization and make all

necessary decisions

04. Form 990 governing body review (Part VI, line 11)

The Treasurer on behalf of Board reviews the 990 before filing

05. Conflict of interest policy compliance (Part VI, line 12c)

All Governing Board members are made aware of the conflict of interest policy at least

annually

06. Governing documents, etc, available to public (Part VI, line 19)

All documents of the organization are available upon request

Form 8879-TE		IF	S <i>e-file</i> Signatur for a Tax Exe				OMB No. 1545-0047
	For calendar ve	ar 2021		08-01 ,202		07-31 ,20 22	
	T of calcillar ye	ai 2021,	 Do not send to the IRS. 		-	07-51,2022	2021
Department of the Treasury Internal Revenue Service		► Ga	to www.irs.gov/Form8879				
Name of filer			10 www.ii3.gov/i 011100/91			EIN or SSN	
SCHOOL NUTRITION						31-0913799	
Name and title of officer or p						31-0913799	
	-						
Tracey Hogan, EX Part I Type of		Poturn	Information				
			g this Form 8879-TE and ente	or the applicable	amount if any	from the return For	rm 8038-
CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10	may enter dolla a below, and the b, whichever is a	rs and ce amount applicabl	ents. For all other forms, enter on that line for the return bein e, blank (do not enter -0-). Bu	whole dollars on the second se	only. If you che form was blan	ck the box on line 1 k, then leave line 1	a, 2a, 3a, 4a, b, 2b, 3b, 4b,
1a Form 990 check	here	хb	Total revenue, if any (Form	990, Part VIII,	column (A), lin	e 12) 1	lb 219,858
2a Form 990-EZ ch	eck here •	b	Total revenue, if any (Form	990-EZ, line 9)			2b
3a Form 1120-POL	. check here. ►	b	Total tax (Form 1120-POL,				3b
4a Form 990-PF cl	neck here ►	Пр	Tax based on investment				4b
5a Form 8868 che	ck here ►	Пр	Balance due (Form 8868, li		-	. ,	5b
6a Form 990-T che	eck here►	Пр	Total tax (Form 990-T, Part	,			6b
7a Form 4720 che		□ □ □	Total tax (Form 4720, Part	,			
8a Form 5227 che	ck here ►	□ b	FMV of assets at end of ta	. ,			
9a Form 5330 chec	k here►	□ □ □	Tax due (Form 5330, Part I	-	,		
10a Form 8038-CP		□ □ □	Amount of credit payment	,			
			Authorization of Offic				
Under penalties of perjur	-	_	am an officer of the above ent	_			pect to (name
of entity)						nd that I have exami	
acknowledgement of rec the date of any refund. If (direct debit) entry to the retum, and the financial in 1-888-353-4537 no later processing of the electro	eipt or reason fo applicable, I auti financial institution stitution to debit than 2 business nic payment of ta cted a personal io	r rejectio horize the on accour the entry days prio axes to re	tronic return originator (ERO) n of the transmission, (b) the e U.S. Treasury and its design nt indicated in the tax preparat v to this account. To revoke a p or to the payment (settlement) aceive confidential information on number (PIN) as my signat	reason for any ated Financial A ion software for bayment, I must date. I also auth necessary to an	delay in proces Agent to initiate payment of the contact the U.S porize the finan iswer inquiries	ssing the return or r an electronic funds federal taxes owed 5. Treasury Financia cial institutions invol and resolve issues	efund, and (c) s withdrawal I on this I Agent at Ived in the related to
PIN: check one box only	V						
I authorize				to ent	er my PIN		as my signature
		ERC) firm name			Enter five numbers, b	out
						do not enter all zeros	
	ating charities as	s part of t	um. If I have indicated within the IRS Fed/State program, I a				
filed return. If I ha	ve indicated with ate program, I wi	in this re	espect to the entity, I will enter turn that a copy of the return is ny PIN on the return's disclosu	s being filed with	a state agenc		
Signature of officer or perso	n subject to tax 🕨					Date► 11-09-2	022
Part III Certifica	ation and Au	thentio	cation				
ERO's EFIN/PIN. Enter			0				
number (EFIN) followed	by your five-digit	self-sele	cted PIN.	319397	29558		-
	in accordance		nich is my signature on the 202 equirements of Pub. 4163, M			licated above. I conf	
ERO's signature ►					Date►	11-27-2022	
		Submit	Must Retain This For This Form to the IRS			Do So	
For Privacy Act and Pa	perwork Reduct	ion Act	Notice, see the instructions.				Form 8879-TE (2021

EEA