# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under 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/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year be	ginning	0	8-01 , <b>2022</b> ,	and end	ling	07-	-31 ,2023	
В	Check if a	pplicable:	C Name of organization	SCHOOL NUTRIT	ON ASSOC OF	OHIO			D Employ	er identification numbe	er
	Address c	hange	Doing business as							31-0913799	
	Name cha	ange	Number and street (or P.C	). box if mail is not delivered	to street address)		Room/si	uite	E Telepho	one number	
	Initial retu	return 400 WEST WILSON BRIDGE RD 120								(614)221-190	0
$\bar{\Box}$	Final retur	return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receip									
$\bar{\Box}$	Amended	return	WORTHINGTON	ОН 43085					\$	206,	797
$\bar{\Box}$	Application	n pending	F Name and address of prin					H(a) Is this a	group return for		X No
_								H(b) Are all s	subordinates		_ No
ı	Tax-exem	pt status:	501(c)(3) X 501(c) (	5 ) (insert no.)	4947(a)(1) or	527		If "No,"	attach a list.	See instructions	
J	Website:	WWW	W.SNAOHIO.ORG					H(c) Group 6	exemption nu	ımber	
K	Form of or	rganization: X	Corporation Trust	Association Other		L Year of forma	ation: 19	83 M S	State of legal	domicile: <b>OH</b>	
Pa	art I	Summar				<u>'</u>					
	1		ribe the organization's m	nission or most signific	ant activities: P	romote hea	lthful	l meals	and nu	trition	
		educatio	on in Ohio's sch	nools.	_						
ce											
nar											
Governance	2	Check this b	oox if the organization	on discontinued its ope	erations or dispose	d of more than 2	25% of its	net assets.			
	3	Number of v	voting members of the g	overning body (Part V	(I, line 1a)				3	:	18
•ŏ თ	4	Number of in	independent voting mem	bers of the governing	body (Part VI, line	1b)			4		18
itie	5		er of individuals employe						5		0
Activities &	6	Total numbe	er of volunteers (estimate	e if necessary)					6		
ď	7a	Total unrelate	ited business revenue fr	om Part VIII, column (	C), line 12				7a		0
	b	Net unrelate	ed business taxable inco	ome from Form 990-T,	Part I, line 11				7b		0
								Prior Year		Current Year	
ne	8	Contributions	ns and grants (Part VIII, I	74	,443	55,	110				
	9	Program service revenue (Part VIII, line 2g)								149,	355
en	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									613
Revenue	11									1,	719
	12	Total revenu	ue - add lines 8 through	11 (must equal Part VI	II, column (A), line	12)			,152	206,	797
	13	Grants and	similar amounts paid (Pa	art IX, column (A), line	s 1-3)						0
	14	Benefits paid	d to or for members (Pa	rt IX, column (A), line	4)						0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									0
Expenses	16a	Professional	I fundraising fees (Part	IX, column (A), line 11	e)						0
ē	b	Total fundra	aising expenses (Part IX,	column (D), line 25)		(	)				
Ä	17	Other expen	nses (Part IX, column (A	), lines 11a-11d, 11f-2	4e)			199	,771	220,	880
	18	Total expens	ses. Add lines 13-17 (m	nust equal Part IX, colu	ımn (A), line 25)			199	,771	220,	880
	19	Revenue les	ss expenses. Subtract li	ne 18 from line 12 .					,087		,083)
_	es						Beg	inning of Curre	ent Year	End of Year	
ets (	<u>E</u> 20	Total assets	s (Part X, line 16)					114	,186	140,	983
Net Assets or	ຼື 21	Total liabilitie	ies (Part X, line 26)					6	,595	47,	475
<u>\$</u>	들 22	Net assets of	or fund balances. Subtr	act line 21 from line 20	o			107	,591	93,	508
Pa	art II	Signatu	ıre Block								
			eclare that I have examined this eclaration of preparer (other tha					wledge and bel	ief, it is		
	,										
٥.			ey Hogan								
Sig		Signature of office	icer						Date		
He	re	Trac	ey Hogan, EXEC	DIR							
		Type or print na	me and title								
		Print/Type pre	reparer's name	Preparer's signature		Date		Check	if F	PTIN	
Pai		Wade St	teen			12-03-2	023	self-em	ployed	P01340967	
	eparer		Steen	& Company				Firm's EIN			
Us	e Only	Firm's addres	ss <b>222 E</b>	Town St				Phone no.			
			Columb	ous OH 43215					614-8	32-9399	
May	the IRS	discuss this	s return with the prepare	r shown above? See i	nstructions					Yes X	No

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 x Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c 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 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . 11f  $\mathbf{x}_{\_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . 12b Х 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? .............. х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 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	04-		
al	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part.II.</i>	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>			
	"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		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		х
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, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		<u> </u>
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Establis and a second dia Baro of Established St. 10 W. 11 W. 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	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 (Fi	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \   \text{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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7</b> f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	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		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	$\textbf{Section 4947(a)(1) non-exempt charitable trusts.} \ \ \textbf{Is the organization filing Form 990 in lieu of Form 1041?}$		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activiti				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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	
	Check if Schedule O contains a response or note to any line in this Part VI	X
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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	Enter the number of voting members included in line 1a, above, who are independent	3		
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	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 to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	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		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?	16b		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
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			

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 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 the instructions for definition of "key employees."
- 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, box 6 of 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.

(A) Name and title	(B)  Average hours per week (list any hours for related	box,	unles er and	Pos eck m ss per d a dir	son is	nan one s both an /trustee) Highest employe	Former	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	I trustee or	Institutional trustee		loyee	Highest compensated employee				
(1) Tracey Hogan	13.00									
Executive Director	1.00	х						0	0	0
(2) Megan Grippa Vice President	1.00			x				0	0	0
(3) Ashley Morena	1.00							0	0	
President				x				0	0	0
(4) Andrew Mendez	1.00									
Secretary/Treasurer				x				0	0	0
(5) Janelle Brunswick	1.00							-		
Immediate Past Pres				x				0	0	0
(6) Jennifer Bujak-Hirsch	1.00									
Lead Regional Director				x				0	0	0
(7) Kelsey Warren	1.00									
President-Elect				х				0	0	0
(8)										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

EEA Form 990 (2022)

	990 (2022) SCHOOL NUTRITION										913799	Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			s, an	id F	Highest Comp	ensated Er	nployees	(continued)
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related	со	(F) mated amount of other mpensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W 1099-MISC/ 1099-NEC)	orga	from the anization and d organizations
(15)												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
<u>(21)</u>												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal			• •	• •			•				
d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)								0		0	0
2	Total number of individuals (including but not limit reportable compensation from the organization								ore than \$100,000	of		0
3	Did the organization list any <b>former</b> officer, direc	tor trustag	kov on	nnlov	/66	or h	iaheet	con	nnensated			Yes No
Ū	employee on line 1a? If "Yes," complete Schedu		-				-		•		3	х
4	For any individual listed on line 1a, is the sum of re											
	organization and related organizations greater th individual										4	x
5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unre	elate	ed orga	aniza	ation or individual			
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	lule .	J for	SUC	h pers	on .			5	X
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	that	t recei	ved	more than \$100,00	00 of		
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with	or within the organ	nization's tax y	ear.	
	(A) Name and business addres	SS							(B)  Description of service	es	(C) Compen	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		thos	e lis	ted a	above)	) wh	0			

Form 990 (2022) SCHOOL NUT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
		·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Gifts, Grants ar Amounts	1a b c d	Fundraising events	55,110 :				
Contributions, Gifts, Grants and Other Similar Amounts	f g	lines 1a-1f	\$				
		SNIC Income	Business Code 611710	20,171	20,171		
Program Service Revenue	c d e	Annual Conference  All other program service revenue	611710	36,974 92,210	36,974 92,210		
	3	Total. Add lines 2a-2f	, and	149,355	613		
	4 5	Income from investment of tax-exempt bond pro Royalties	ceeds		320		
	b c	Gross rents 6a  Less: rental expenses 6b  Rental income or (loss)  Net rental income or (loss)					
		Gross amount from sales of assets other than inventory (i) Securities (i) Securities (7a)	(ii) Other				
svenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other Re	8a	' ' ⊢	a				
		Notice and an illustration of the desiration of the	b  				
		· · · · · · -	ia ib				
	10a	Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold	Business Code				
Miscellanous Revenue		Industry Support Fund Scholarship Revenues	900099	752 967	752 967		
Misc Re		All other revenue		1,719	151 607		

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, 5 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 . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): 68,250 68,250 b 8,340 8,340 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 4,866 4,866 14 4,611 4,611 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 106,013 106,013 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 2,287 2,287 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.) a Member services 1,848 1,848 Sponsorhips 12,753 12,753 c Scholarship expenses 2,287 2,287 d Board & Committee expenses 5,658 5,658 е All other expenses 3,967 3,967 Total functional expenses. Add lines 1 through 24e. . 25 220,880 128,559 92,321 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Form 990 (2022) SCHOOL NUTRITION ASSOC OF OHIO
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	101,193	2	121,113
	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	
Ass	9	Prepaid expenses and deferred charges	7,018	9	13,895
	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)	114,186	16	140,983
	17	Accounts payable and accrued expenses	6,595	17	•
	18	Grants payable	_	18	
	19	Deferred revenue		19	47,475
	20	Tax-exempt bond liabilities		20	•
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ï	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	6,595	26	47,475
		Organizations that follow FASB ASC 958, check here			
m		and complete lines 27, 28, 32, and 33.			
Ç	27	Net assets without donor restrictions	88,327	27	18,697
alar	28	Net assets with donor restrictions	19,264	28	74,811
Ö		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	107,591	32	93,508
	33	Total liabilities and net assets/fund balances	114,186	33	140,983

EEA Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		. 🔲		
1	Total revenue (must equal Part VIII, column (A), line 12)		206	,797		
2	Total expenses (must equal Part IX, column (A), line 25)		220	,880		
3	Revenue less expenses. Subtract line 2 from line 1		(14	,083)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		107	,591		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))		93	,508		
Pa	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?	2	а	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	, ,	2	b	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:					
	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?					
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3	a	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			(0000)		
EEA		F	orm <b>99</b> 0	(2022)		

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

SCHOOL NUTRITION ASSOC OF OHIO	31-0913799
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	tion 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 interes	st 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

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

08-01 , 2022, and ending 07-31 , 2023

<sup>31</sup> ,<sup>2023</sup> 202

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN SCHOOL NUTRITION ASSOC OF OHIO 31-0913799 Name and title of officer or person subject to tax Tracey Hogan, EXEC DIR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . x **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . . 4a Form 8868 check here . . . . **b** Balance due (Form 8868, line 3c).......... 6a Form 990-T check here . . . . 7a Form 4720 check here . . . . Form 5227 check here . . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . 8a Form 5330 check here . . . . 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Steen & Company 12345 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 12-04-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 319397 29558 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 12-03-2023 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement (This page is not filed with the return. It is for your records only.)		<b>2022</b> Page 1
Name(s) as shown on return		FEIN
SCHOOL NUTRITIC	ON ASSOC OF OHIO	31-0913799

### Office Expenses

Description		Amount
Supplies	\$	1,538
Printing		835
Awards		1,263
Phone		799
Storage		431
	Total: \$	4,866