



**2024 Form 990**

**Exempt Organization Tax Return**

**Prepared For:**

**Minnesota School Nutrition Association, Inc.**

Creative Planning Tax, LLC  
220 Park Ave South  
St. Cloud, MN 56301  
320-251-7010

Minnesota School Nutrition  
Association, Inc.  
1400 VanBuren Street 200  
Minneapolis, MN 55413

Dear Margaret:

Enclosed is a copy of the 2024 Exempt Organization return, as follows...

2024 Form 990

**PUBLIC INSPECTION** - A copy of the return must be retained for public inspection. Each Form 990 must be made available for a period of three years from the due date specified in the filing instructions. This requirement applies to all portions of the return except for the names and addresses of any contributors to the organization.

This requirement also applies to the organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

An organization may instead post relevant documents electronically on its website in order to fulfill the requirement of the public inspection copy.

The original return should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Marie A. Primus, CPA

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

## **FOR THE YEAR ENDING**

December 31, 2024

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**Prepared For:**

Minnesota School Nutrition  
Association, Inc.  
1400 VanBuren Street 200  
Minneapolis, MN 55413

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**Prepared By:**

Creative Planning Tax, LLC  
220 Park Ave S  
St. Cloud, MN 56301

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Department of the Treasury  
Internal Revenue ServiceName of filer MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.EIN or SSN  
41-0950451Name and title of officer or person subject to tax JESS PENA  
SECRETARY/TREASURER**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.

1a	Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	517,904.
2a	Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	_____
3a	Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	_____
4a	Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b	_____
5a	Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	_____
6a	Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	_____
7a	Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	_____
8a	Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	_____
9a	Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) .....	9b	_____
10a	Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	10b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 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**

I authorize CREATIVE PLANNING TAX, LLC to enter my PIN 56301  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2024 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 2024 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

Date

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41432956302

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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.

ERO's signature CREATIVE PLANNING TAX, LLC Date 05/13/25

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder 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](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

## A For the 2024 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

B Check if applicable:		C Name of organization <b>MINNESOTA SCHOOL NUTRITION ASSOCIATION, INC.</b>		D Employer identification number <b>41-0950451</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>1400 VANBUREN STREET</b>		Room/suite <b>200</b>	E Telephone number <b>320-251-2344</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55413</b>		G Gross receipts \$ <b>517,904.</b>	
		F Name and address of principal officer: <b>MARGARET WINCHELL SAME AS C ABOVE</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: <b>WWW.MNSNA.ORG</b>				If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1956</b>		M State of legal domicile: <b>MN</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>MEMBERSHIP AND EDUCATIONAL COMMUNICATIONS THAT MAKE A DIFFERENCE IN CHILDREN'S LIVES.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3 9	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 9	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....	5 0	
	6 Total number of volunteers (estimate if necessary) .....	6 30	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	15,862. 27,882.	
	9 Program service revenue (Part VIII, line 2g) .....	399,305. 471,893.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	11,898. 17,945.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	8,349. 184.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	435,414. 517,904.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0. 0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....	0. 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0. 0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	0. 0.	
	b Total fundraising expenses (Part IX, column (D), line 25) .....	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	440,344. 514,542.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	440,344. 514,542.	
19 Revenue less expenses. Subtract line 18 from line 12 .....	-4,930. 3,362.		
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16) .....	526,410. 556,075.	
	21 Total liabilities (Part X, line 26) .....	1,500. 959.	
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	524,910. 555,116.	

## Part II Signature Block

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

Sign Here	Signature of officer <b>JESS PENA, SECRETARY/TREASURER</b>		Date		
	Type or print name and title				
Paid	Preparer's name <b>MARIE A. PRIMUS, CPA</b>	Preparer's signature <b>MARIE A. PRIMUS, CPA</b>	Date <b>05/13/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01272184</b>
Preparer	Firm's name <b>CREATIVE PLANNING TAX, LLC</b>		Firm's EIN <b>47-1019942</b>		
Use Only	Firm's address <b>220 PARK AVE S ST. CLOUD, MN 56301</b>		Phone no. <b>320-251-7010</b>		

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No



**MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.**

Form 990 (2024)

41-0950451

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10	X
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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a	X
11b .....	11b	X
11c .....	11c	X
11d .....	11d	X
11e .....	11e	X
11f .....	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a	X
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a	X
14b .....	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> .....	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 "Yes," complete Schedule G, Part II</i> .....	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a	X
20b .....	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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21	X

MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.

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**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	X
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	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
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	X
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 of 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "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
c 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 noncash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
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	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 <b>Section 501(c)(3) organizations.</b> 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?	38	X

**Note:** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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 .....	1a	6
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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ASSOCIATION, INC.

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	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>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
<b>a</b>	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? .....	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	11a	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
<b>a</b>	Gross income from members or shareholders .....	12a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	12b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	13b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....	14a	X
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 .....	14b	
<b>c</b>	Enter the amount of reserves on hand .....	15	X
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	16	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	17	
<b>15</b>	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? .....		
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
If "Yes," complete Form 6069.			

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**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	1a	9
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	1b	9
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, trustees, or key employees to a management company or other person? .....	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	X
6	Did the organization have members or stockholders? .....	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	X
a	The governing body? .....	8a	X
b	Each committee with authority to act on behalf of the governing body? .....	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates? .....	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
b	Describe on 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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
13	Did the organization have a written whistleblower policy? .....	13	X
14	Did the organization have a written document retention and destruction policy? .....	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official .....	15a	X
b	Other officers or key employees of the organization .....	15b	X
	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	X
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	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	<b>NONE</b>
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.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	
	<b>FUSION LEARNING PARTNERS - 320-251-2344</b>	
	<b>2000 COUNTY ROAD B2 W, #131447, ST PAUL, MN 55113</b>	

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**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 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 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, 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 the 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 organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MARGARET WINCHELL EXECUTIVE DIRECTOR	30.00		X				0.	0.	0.
(2) EMILY MALONE PRESIDENT	4.00	X	X				0.	0.	0.
(3) GLEN RITTER PRESIDENT ELECT	1.00	X	X				0.	0.	0.
(4) ASHLEY SCHNEIDER VICE PRESIDENT	1.00	X	X				0.	0.	0.
(5) JESS PENA SECRETARY/TREASURER (BEG AUGUST)	2.00	X	X				0.	0.	0.
(6) ROSS LARSON SECRETARY/TREASURER (END AUGUST)	2.00	X	X				0.	0.	0.
(7) SPENCER FISCHER MEMBER SVCS/AWARDS CHAIR (BEG AUGUST)	0.25	X					0.	0.	0.
(8) LORIANN LANDOWSKI MEMBER SVCS/AWARDS CHAIR (END AUGUST)	1.00	X					0.	0.	0.
(9) RENEE ARBOGAST EDUCATION CHAIR (BEG AUGUST)	1.00	X					0.	0.	0.
(10) KATHY FAUST EDUCATION CHAIR (END AUGUST)	1.00	X					0.	0.	0.
(11) DARCY STEUBER PUBLIC POLICY CHAIR	1.00	X					0.	0.	0.
(12) JULIE KRONABETTER NUTRITION CHAIR	1.00	X					0.	0.	0.
(13) JOHN JURICHKO INDUSTRY CHAIR (END AUGUST)	1.00	X					0.	0.	0.
(14) JEREMY KURTH INDUSTRY CHAIR (BEG AUGUST)	1.00	X					0.	0.	0.

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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Subtotal** ..... 0. 0. 0.  
**c Total from continuation sheets to Part VII, Section A** ..... 0. 0. 0.  
**d Total (add lines 1b and 1c)** ..... 0. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FUSION PARTNERS, 1400 VAN BUREN STREET #200, MINNEAPOLIS, MN 55413	MANAGEMENT SERVICES	112,570.

**MINNESOTA SCHOOL NUTRITION  
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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues .....	<b>1b</b>			
	<b>c</b> Fundraising events .....	<b>1c</b>			
	<b>d</b> Related organizations .....	<b>1d</b>			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	<b>27,882.</b>		
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	<b>\$</b>		
	<b>h Total.</b> Add lines 1a-1f .....		<b>27,882.</b>		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2 a</b> CONFERENCES .....	<b>611710</b>	<b>270,029.</b>	<b>270,029.</b>	
	<b>b</b> MEMBER FEES AND DUES .....	<b>611710</b>	<b>201,864.</b>	<b>201,864.</b>	
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue .....				
	<b>g Total.</b> Add lines 2a-2f .....		<b>471,893.</b>		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>821.</b>		<b>821.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds .....				
	<b>5</b> Royalties .....				
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal		
		<b>6a</b>			
	<b>b</b> Less: rental expenses .....				
	<b>c</b> Rental income or (loss) .....	<b>6b</b>			
	<b>d</b> Net rental income or (loss) .....	<b>6c</b>			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other		
		<b>7a</b>	<b>17,124.</b>		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	<b>0.</b>		
	<b>c</b> Gain or (loss) .....	<b>7c</b>	<b>17,124.</b>		
	<b>d</b> Net gain or (loss) .....			<b>17,124.</b>	<b>17,124.</b>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			
	<b>b</b> Less: direct expenses .....	<b>8b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses .....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities .....				
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory .....				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11 a</b> MISCELLANEOUS INCOME .....	<b>900099</b>	<b>184.</b>	<b>184.</b>	
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> All other revenue .....				
	<b>e Total.</b> Add lines 11a-11d .....		<b>184.</b>		
	<b>12 Total revenue.</b> See instructions .....		<b>517,904.</b>	<b>472,077.</b>	<b>0.</b>
					<b>17,945.</b>

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ASSOCIATION, INC.

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**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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):				
a Management .....	112,570.	112,570.		
b Legal .....				
c Accounting .....	7,500.		7,500.	
d Lobbying .....	47,705.	47,705.		
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	2,951.		2,951.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,546.	30,546.		
12 Advertising and promotion .....				
13 Office expenses .....	26,619.		26,619.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	43,113.	43,113.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	239,062.	239,062.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	1,976.		1,976.	
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.)				
a AWARDS	2,500.	2,500.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	514,542.	475,496.	39,046.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	67,638.	1	60,465.
	2 Savings and temporary cash investments .....	93,993.	2	97,387.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	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	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	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 .....	364,779.	11	398,223.
	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	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	526,410.	16	556,075.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,500.	17	959.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to 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 .....		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	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,500.	26	959.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	524,910.	27	555,116.
	28 Net assets with donor restrictions .....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	524,910.	32	555,116.
	33 Total liabilities and net assets/fund balances .....	526,410.	33	556,075.

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MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.

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**Part 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	517,904.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	514,542.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	3,362.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	524,910.
5 Net unrealized gains (losses) on investments .....	5	26,844.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
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	555,116.

**Part 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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <b>MODIFIED CASH</b>		
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	X
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	X
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? .....	3a	X
3b 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	

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

## For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.**

Employer identification number (EIN)  
41-0950451

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
**2** Political campaign activity expenditures ..... \$ \_\_\_\_\_  
**3** Volunteer hours for political campaign activities

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No  
4a Was a correction made? .....  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Schedule C (Form 990) 2024

MINNESOTA SCHOOL NUTRITION  
ASSOCIATION, INC.

Schedule C (Form 990) 2024

41-0950451 Page 2

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0 .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0 .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
c Media advertisements? .....			
d Mailings to members, legislators, or the public? .....			
e Publications, or published or broadcast statements? .....			
f Grants to other organizations for lobbying purposes? .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
i Other activities? .....			
j Total. Add lines 1c through 1i .....			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....			
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	<b>X</b>
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	<b>X</b>

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A answered "Yes."

1	Dues, assessments, and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid):</b>		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
5	Taxable amount of lobbying and political expenditures. See instructions .....	5	

## **Part IV      Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization	MINNESOTA SCHOOL NUTRITION ASSOCIATION, INC.	Employer identification number 41-0950451
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**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**  
SCHOOL NUTRITION BY ADVOCATING ON CAPITOL HILL AND SPEAKING AT  
CONFERENCES SUCH AS THE MN SCHOOL BOARDS ASSOCIATION AND THE MN  
ASSOCIATION OF SCHOOL BUSINESS OFFICIALS. MSNA PROVIDED RESOURCES TO  
OUR MEMBERS TO ASSIST THEM IN PROVIDING INFORMATION ON SCHOOL NUTRITION  
PROGRAMS TO THEIR FAMILIES, STUDENTS, AND SCHOOL BOARDS THROUGH SOCIAL  
MEDIA AND FAQ'S

**AREA OF FOCUS II: CAREER DEVELOPMENT AND GROWTH**  
MSNA CONTINUED OFFERING ONLINE VIRTUAL SESSIONS, WHICH HAVE PROVEN TO  
BE A VALUABLE RESOURCE FOR OUR MEMBERS. IN 2024-2025 INCREASED THE  
NUMBER OF ONLINE SESSIONS OFFERED. MSNA WAS ABLE TO BRING DIFFERENT  
LEVELS OF STAFF TO PARTICIPATE IN PLANNING COMMITTEES, STRATEGIC AND AD  
HOC COMMITTEES WITH A GOAL TO HELP MEMBERS FOR FUTURE LEADERSHIP  
POSITIONS. OUR GOAL IS TO HAVE ONE HAND-ON SKILL TRAINING FOR FRONTLINE  
SCHOOL NUTRITION STAFF AT OUR ANNUAL CONFERENCE IN AUGUST 2025. THE  
MENTOR PROGRAM HAS BEEN A GREAT SUCCESS. WE AIM TO EXPAND IT FURTHER TO  
ENSURE THAT EVERY MEMBER HAS ACCESS TO GUIDANCE AND SUPPORT FROM  
SEASONED PROFESSIONALS

**AREA OF FOCUS III: STAKEHOLDER COMMUNITY**  
WE DEEPENER OUR COLLABORATION WITH OTHER PROFESSIONAL ORGANIZATIONS AND  
AGENCIES TO SHARE KNOWLEDGE, RESOURCES, AND BEST PRACTICES. THIS  
NETWORK HELPED US STAY AT THE FOREFRONT OF DEVELOPMENTS IN SCHOOL  
NUTRITION. MSNA WORKED WITH LEADERS FROM DIRECTOR'S GROUPS AND MN  
DEPARTMENT OF EDUCATION TO SHARE MESSAGES IN FORUMS. OUR COMMITMENT  
EXTENDS TO EVERY INDIVIDUAL IN OUR NETWORK, FROM FRONTLINE WORKERS TO  
DIRECTORS, AND FROM LARGE DISTRICTS TO SMALLER ONES. WE VALUE OUR  
PARTNERSHIPS WITH MDE, MDA, FARMERS, AND ALL OUR INDUSTRY ALLIES. WE  
OFFER OPPORTUNITIES FOR OUR STAKEHOLDERS TO CONVENE AND SHARE SUCCESS,  
CHALLENGES, AND EXPERTISE TOWARDS BUILDING STRONGER PARTNERSHIPS  
MSNA HAD ROBUST ATTENDANCE AT THE SNIP (SCHOOL NUTRITION INDUSTRY  
PARTNERS) CONFERENCE. BREAKOUT SESSIONS ALLOWED DIFFERENT OPPORTUNITIES  
THAT ADDRESSED SCHOOL NUTRITION CONCERNS IN A VARIETY OF DIFFERENT  
WAYS. THE COLLABORATION OF BOTH INDUSTRY AND SCHOOL NUTRITION  
PROFESSIONALS WORKED WITH BOTH NETWORKING AND TEAM-BUILDING  
EXPERIENCES.

MSNA IS BUILDING A NETWORK WITH OUR INDUSTRY MEMBERS AS WELL AS OUR  
SCHOOL NUTRITION STAFF TO HAVE 1:1 CONNECTION. THE INDUSTRY MEMBERS ARE  
BRINGING THEIR SKILLS FORWARD TO ASSIST IN KITCHENS AS NEEDED WITH THE  
SCHOOL NUTRITION MEMBERS. THIS INCLUDES SERVING STUDENTS, OFFERING  
STUDENTS SAMPLES, AND SHOWING NEW FOODS THAT HAVE BEEN CREATED FOR THE  
K-12 LINE.

MSNA HAD NUMEROUS INDUSTRY MEMBERS AT THE LAC 2024 IN WASHINGTON DC.  
THEY WERE THERE ON BEHALF OF THEIR CONCERN WITH THE USDA STANDARDS  
CHANGE AND HOW IT WOULD AFFECT THEM AS WELL AS THE STUDENTS IN THE  
SCHOOLS. SCHOOL NUTRITIONAL PROFESSIONALS WORK HARD TO MAKE NUTRITIOUS  
MEALS APPEALING SO STUDENTS CONTINUE TO CONSUME THEM. THAT IS WHAT IS  
MOST IMPORTANT TO ACHIEVE IN THEIR ACADEMIC SUCCESS. MSNA WAS ABLE TO  
REACH OUT TO ALL 10 OF MINNESOTA'S CONGRESSIONAL REPRESENTATIVES TO  
VOICE OUR CONCERNS WITH THE CHANGES.

Name of the organization	MINNESOTA SCHOOL NUTRITION ASSOCIATION, INC.	Employer identification number
		41-0950451

#### AREA OF FOCUS IV: THRIVING ORGANIZATION

OUR GOAL IS TO INCREASE MEMBERSHIP BY 2% AGAIN IN 2024-2025. WITH INCREASED WEBINAR OFFERINGS, MORE AND VARIED BREAKOUT SESSIONS AT OUR ANNUAL CONFERENCE, WE WILL INCREASE THE RESOURCES FOR MEMBERS. WE REACHED OUT TO NON-MEMBER SCHOOLS AND OTHER ENTITIES WITHIN AND AROUND THE SCHOOL NUTRITION PROFESSION TO INVITE THEM TO PARTICIPATE IN OUR CONFERENCES AND WEBINARS

A PROGRAM WAS SET UP FOR MEMBERS TO ATTEND A CONFERENCE WITH THE HELP OF A SCHOLARSHIP. AN EDUCATION RAFFLE IS DONE AT OUR ANNUAL CONFERENCE TO MAKE THE FUNDS AVAILABLE TO DO THIS. FOUR MEMBERS WERE AWARDED \$500.00 SCHOLARSHIPS. THE CONFERENCES MSNA INCLUDED WERE THE NATIONAL LEADERSHIP CONFERENCE, SNIP (SCHOOL NUTRITION INDUSTRY PARTNER) CONFERENCE, LEGISLATIVE CONFERENCE, AND ANC. MEMBERS WERE VERY PLEASED THAT MSNA COULD MAKE THESE FUNDS AVAILABLE FOR THEM TO HELP MAKE IT A REALITY.

MSNA IMPLEMENTED A MORE INCLUSIVE PROCESS FOR THE SELECTION OF THE AWARDS. AWARD WINNERS WERE RECOGNIZED WITH AN IN-PERSON PRESENTATION FROM AN MSNA BOARD MEMBER, AN MSNA FACEBOOK PHOTO, AND A PRESS RELEASE THAT WAS WRITTEN UP ABOUT THEIR ACCOMPLISHMENTS AND THE PROFESSIONALISM THEY BRING TO THEIR DISTRICT IN THE STATE OF MINNESOTA. AWARD WINNERS WERE ALSO ACKNOWLEDGED AT THE STATE CONFERENCE WITH A CERTIFICATE AND AN APPLE AWARD.

MSNA'S MEMBERSHIP CHAIR, NUTRITION CHAIR, AND EDUCATION CHAIR WORKED TOGETHER AND CONTINUED THE LUNCH HERO CHALLENGE AT THE CONFERENCE LAST YEAR IN AUGUST. THIS GAVE MEMBERS A TEAM-BUILDING EXPERIENCE WITH OTHER COLLEAGUES TO SHOW OFF THEIR SUPERHERO SKILLS AND COMPLETE FOUR "WIN IT" CHALLENGES. THIS CHALLENGE WAS SO WELL-RECEIVED THAT THEY ASKED TO HAVE IT BACK IN AUGUST AT OUR NEXT CONFERENCE.

#### FORM 990, PART VI, SECTION A, LINE 3:

MINNESOTA SCHOOL NUTRITION ASSOCIATION, INC. (MSNA) PAID FUSION PARTNERS FOR MANAGEMENT SERVICES IN 2024. MARGARET WINCHELL, MSNA EXECUTIVE DIRECTOR, IS AN EMPLOYEE OF FUSION PARTNERS. MSNA PAID FUSION PARTNERS \$112,570 FOR SERVICES DURING 2024.

#### FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE SCHOOL NUTRITION ASSOCIATION (SNA) SHALL BE A PREREQUISITE TO MEMBERSHIP IN THE MINNESOTA SCHOOL NUTRITION ASSOCIATION (MSNA) AND IN LOCAL AFFILIATE CHAPTERS OF MSNA. MEMBERSHIP SHALL CONSIST OF THREE CLASSES: SCHOOL FOOD SERVICE AND NUTRITION, ASSOCIATE, AND AFFILIATE, OR OTHER SNA DESIGNATED CATEGORIES. WHEN CHAPTER AFFILIATES EXIST, SCHOOL FOOD SERVICE AND NUTRITION, RETIRED AND STUDENT MEMBERS SHALL ALSO BE MEMBERS OF THE CHAPTER AFFILIATE.

A. SCHOOL FOODSERVICE AND NUTRITION MEMBERS SHALL CONSIST OF EMPLOYEES, MANAGERS, SUPERVISORS/DIRECTORS, AND EDUCATORS EMPLOYED IN ELIGIBLE FIELDS. ELIGIBLE FIELDS SHALL BE DEFINED AS:

- PERSONS EMPLOYED AT THE PRESCHOOL, SCHOOL, SCHOOL DISTRICT, COLLEGE, STATE, OR FEDERAL LEVELS IN A FOOD AND NUTRITION PROGRAM;
- PERSONS ENGAGED IN TEACHING OR ADMINISTRATION AT THE AFOREMENTIONED LEVELS;
- PERSONS ENGAGED IN TEACHING PRESENT OR POTENTIAL SCHOOL FOOD SERVICE PERSONNEL;
- PERSONS ENGAGED IN COMMUNITY NUTRITION PROGRAMS OR COMMITTED TO FURTHERING THE GOALS OF THE ASSOCIATION; AND
- PERSONS EMPLOYED BY THE ASSOCIATION OR A STATE AFFILIATE.

Name of the organization	MINNESOTA SCHOOL NUTRITION ASSOCIATION, INC.	Employer identification number 41-0950451
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**B. ASSOCIATE MEMBERS SHALL CONSIST OF:**

- RETIRED MEMBERS;
- STUDENTS ENROLLED IN POST-SECONDARY SCHOOL FOODSERVICE PROGRAMS;
- INDUSTRY INDIVIDUALS;
- CORPORATIONS; AND
- OTHERS COMMITTED TO FURTHERING THE GOALS OF THE ASSOCIATION.

**FORM 990, PART VI, SECTION A, LINE 7A:**

ALL MEMBERS SHALL BE ALLOWED TO ATTEND THE MEETINGS OF THE HOUSE OF DELEGATES AS OBSERVERS. ADDITIONAL MEMBERSHIP RIGHTS ARE AS FOLLOWS:

A. ALL SCHOOL FOODSERVICE AND NUTRITION MEMBERS, AND ASSOCIATE RETIRED MEMBERS WHOSE DUES ARE CURRENTLY PAID, SHALL BE ENTITLED TO VOTE FOR THE ELECTION OF OFFICERS AND TO VOTE ON ANY MATTER SUBMITTED TO THE VOTING MEMBERSHIP. THE REMAINING ASSOCIATE MEMBERS SHALL BE NON-VOTING MEMBERS, EXCEPT THAT INDUSTRY MEMBERS SHALL BE ENTITLED TO VOTE FOR THE ELECTION OF THE INDUSTRY REPRESENTATIVE TO THE EXECUTIVE BOARD.

**FORM 990, PART VI, SECTION A, LINE 7B:**

MEMBERS MUST APPROVE ANY CHANGES THE BOARD MAKES TO THE BYLAWS.

**FORM 990, PART VI, SECTION B, LINE 11B:**

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS.

**FORM 990, PART VI, SECTION B, LINE 12C:**

ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY WHEN THEY TAKE OFFICE. THEY ALSO ADDRESS THE POLICY AT EACH BOARD MEETING.

**FORM 990, PART VI, SECTION B, LINE 15A:**

THE BOARD HAD A TASK FORCE THAT LOOKED AT THE MANAGEMENT CONTRACT TO REVIEW CHANGES AND UPDATES. THE FULL BOARD THEN HEARD THE COMMENTS FROM THE TASK FORCE AND REVIEWED THE CONTRACT AND VOTED TO ACCEPT.

**FORM 990, PART VI, SECTION C, LINE 19:**

DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).