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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	e 2012 calendar year, or tax year beginning and end	ding		
В	Check if applicab	C Name of organization		D Employer identifica	tion number
Г	Addre	GMA Science and Education Foundation			
Ē	Name chang			52-20	88235
	Initial		om/suite	E Telephone number	
	Termii			(202)	639-5900
	Amen	ded O		G Gross receipts \$	574,458.
	Applic		i	H(a) Is this a group retu	
	pendi	F Name and address of principal officer: Mr. Bill Pappas		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates includ	
T	Tax-ex	empt status: X 501(c)(3)	527		it. (see instructions)
		te: ▶ part of www.gmaonline.org		H(c) Group exemption r	
	Form of art i	organization: X Corporation	L Year	of formation: 1998 M S	
_	1	Briefly describe the organization's mission or most significant activities: Promot	e &	conduct appl:	ied
26	}	research relevant to the food & consumer p			
Ē	2	Check this box if the organization discontinued its operations or disposed			
) Ve		Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		. 4	- 7
Activities & Governance		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
įţį		Total number of volunteers (estimate if necessary)		6	0
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			-1	Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		160,675.	187,631.
ğ	1	Program service revenue (Part VIII, line 2g)	781	193,025.	139,023.
Revenue			100	892.	1,651.
Œ		Investment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1062 and 1/16).		245,725.	214,832.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, eqlumn (A)-line 12)	7	600,317.	543,137.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_ [250,784.	272,569.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		250,784.	272,569.
	19	Revenue less expenses. Subtract line 18 from line 12		349,533.	270,568.
Ces			Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,029,622.	1,263,567.
A A B	21	Total liabilities (Part X, line 26)		73,024.	<u>36,401.</u>
컐	22	Net assets or fund balances Subtract line 21 from line 20		956,598.	1,227,166.
P	art II	Signature Block			
		lties of perjury, I decla <u>re that I ha</u> ve examined this return, including accompanying schedules an			nowledge and belief, it is
true	, correc	t, and complete, Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
		1 Tag Du		<u> 1,5/9/13</u>	
Sig	n	Signature of officer U		Date / I	
Hei	·e	Mr. Bill Pappas, Treasurer; GMA VP & Co	<u>ntro</u>	ller	
		Type or print name and title	Th	into A A In .	TI DTIN
		Print/Type preparer's name Preparer's suppature		Check List Self-employed	PTIN
Paid		Thomas J. Raffa		aun umproyou	P00916458 5
	parer	Firm's name Raffa, P.C.		Firm's EIN	52-1511275
Use	Only	Firm's address 1899 L Street, NW, Suite 900			00\ 000 5000
		Washington, DC 20036		Phone no. (2)	02) 822-5000
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-1	₀₋₁₂ LHA For Paperwork Reduction Act Notice, see the separate instructions	•		Form 990 (2012)

SCANNED JUN 2 1 2013

Form	990 (2012) GMA Science and Education Foundation 52-2088235 Page 2	<u>:</u>
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	-
•	The Foundation provides significant and meaningful scientific and	
	educational contributions to the food and consumer products industries	-
	through innovative research and outreach programs arising from	-
	strategic examination and understanding of the forces driving future	-
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	_
4a	(Code) (Expenses \$176,710 . including grants of \$) (Revenue \$353,855 .)
	Research projects seek to increase knowledge in food safety and food	
	science and benefit members of the Grocery Manufacturers Association as	_
	well as the general public.	_
		_
		-
		-
		-
		-
		-
		_
		_
		_
		_
4b	(Code) (Expenses \$)
		_
		_
		_
		_
		-
		-
		-
		_
		_
		_
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		_
		-
		-
		-
		-
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
<u>4e</u>	Total program service expenses ► 176,710.	_
	Form 990 (2012	2)

Form 990 (2012) GMA Science and Education Foundation

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			47
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			••
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	110		21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	DAME OF THE PROPERTY OF THE PR	11e		X
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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	<u>X</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(0010)

	`		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ. .
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified		İ	.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C		200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2012)
		rorm	コンリ	しつコント

	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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	i	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		За		X
b	and the second of the second o	3b		
	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	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? .	6b		
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		X
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		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or, related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross recents included as Form 900, Part VIII, line 12, for public upon of all by facilities.			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	reme in a second of the second	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	to the state of th	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the s			
_	organization is licensed to issue qualified health plans			
С	10-			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Earm	aan	(2012)

Form 990 (2012) GMA Science and Education Foundation 52-2088235 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion 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 8			
	If there are material differences in voting rights among members of the governing body, or if the governing	, .	,	-
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Forter the number of voting members included in line 1a, above, who are independent		·	,
b	Enter the Health of Country Method of Market Country (Method of Method of Me			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ۱	х	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
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 6	X	
6	Did the organization have members or stockholders?	•	Α	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70	X	
.	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	71	
b	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		` 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 in Schedule O	9		X
Sec	tion 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
	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 filling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın 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	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?			
	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	<u> </u>	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıva	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
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			j
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:		
	Mr. Bill Pappas, Board Treasurer & GMA Vice President & Control			
777111	(202) 639-5900; 1350 I Street, NW, Suite 300, Washington, DC	200		
23200 12-10-		Form	990	(2012)

52-2088235 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) (C)						1540	(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Pamela Bailey	0.50									
Director [& GMA CEO]	0 50	X				ļ		0.	2,059,412.	73,939.
(2) Jonathan DeVries	0.50	,,					<u> </u>		_	0
Director	0.50	X	ļ		-	 	_	0.	0.	0.
(3) Mahipal Kunduru	0.50	x						0.	0.	0.
Director	0.50	^	-	_	╟	-	<u> </u>	0.		
(4) Roger Lawrence Director	0.50	X					İ	0.	0.	0.
(5) Richard Linton	0.50									
Director	0.130	x						0.	0.	0.
(6) Elsa Murano	0.50									
Director		x						0.	0.	0.
(7) Tim Haley	0.50									
Director		X						0.	0.	0.
(8) Carol Kellar	0.50					}				
Director		X				L	<u> </u>	0.	0.	0.
(9) Leon Bruner	4.00									
President		_		Х		<u> </u>		0.	322,108.	48,664.
(10) Bill Pappas	2.00								442 045	24 054
Treasurer	0 50		_	X		-		0.	143,217.	31,851.
(11) James Skiles	0.50			x				0.	217,183.	39,315.
Secretary		 	—	^	<u> </u>			0.	411,103.	39,313.
		ĺ								
						-				
		•								
										
						ļ	ļ			
	<u> </u>									F 990 (2018)

Form 990 (2012)

Check if Schedule O contains a response to any question in the Part VIII (i) Total revenue Package P		`			to any question i	n this Part VIII			
1			Once in Contradic C Cont	anis a response	to any question	(A)	Related or exempt function	Unrelated business	I from fax under
2 a Instruction fees Business Code 900099 78,900. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 78,900. 900099 60,123. 78,900. 900099 60,123. 78,900. 78	tions, Gifts, Grants r Similar Amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contribut	1b 1c 1d 1d 1e					
2 a Instruction fees Business Code 900099 78,900. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 60,123. 78,900. 900099 60,123. 78,900. 900099 60,123. 78,900. 900099 60,123. 78,900. 78	Contribut and Othe	_	Noncash contributions included in lines		187,631.	187.631.			
2 a Instruction fees b Research contract fees c ad d					Business Code				
Begin by Research contract fees 900099 60,123. 60,123. b Research contract fees 900099 60,123. 60,123. c All other program service revenue 139,023. g Total. Add Inse 2a2f 139,023. 3 Investment mcome (including dividends, interest, and other similar amounts) 1,651. 4 Income from investment of tax-exempt bond proceeds Royaltias 1,651. 6 a Gross rents (i) Real (ii) Personal (ii) Personal (iii) Pers	e	2 a	Instruction fee	28		78,900.	78,900.		
Total. Add lines 2a:2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales sexpenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s Gross income from fundraising events (not including) \$ of contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 10 a Gross ales of inventory, loss returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense retimbursements b Miscellaneous c All other revenue e Total, Add lines 11a-11d 13 9,023. 1,651. 1,65	Servic	b	Research contra	ct fees		60,123.	60,123.		
Total. Add lines 2a:2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales sexpenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s Gross income from fundraising events (not including) \$ of contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 10 a Gross ales of inventory, loss returns and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense retimbursements b Miscellaneous c All other revenue e Total, Add lines 11a-11d 13 9,023. 1,651. 1,65	gram	_		· · · · · · · · · · · · · · · · · · ·					
a Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalbes 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) f Net income from fundraising events (not including \$	Pro	f	All other program service reve	enue					
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6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous c d All other revenue e Total. Add lines 11a-11d Operation Operation Operation eration Operation Operation Operation Operation Operation Operation Operation Operation Operation Operation Operatio			other similar amounts)		•				1,651.
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and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Cannor (loss) b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous c d All other revenue e Total. Add lines 11a-11d 1			•						
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			• •						
including \$ of contributions reported on line 1c) See Part IV, line 18			•	na events (not					+
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous C d All other revenue Total. Add lines 11a-11d 18 10 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u> </u>	0 4		-					
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous C d All other revenue Total. Add lines 11a-11d 18 10 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	푩	b	Less: direct expenses	b					
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Expense reimbursements b Miscellaneous All other revenue e Total. Add lines 11a-11d b Less: direct expenses b Less: direct	١	С	Net income or (loss) from fund	draising events					
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous c d All other revenue e Total. Add lines 11a-11d b Less: direct expenses b Less: direct expen		9 a	Gross income from gaming ad	ctivities. See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous C d All other revenue E Total. Add lines 11a-11d D a Gross sales of inventory, less returns a 228,120. 31,321. 196,799.			Part IV, line 19	. а					
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous C d All other revenue E Total. Add lines 11a-11d 228,120. 196,799. 196,799. 196,799. 196,799.			•	•					
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous All other revenue Total. Add lines 11a-11d b Less cost of goods sold b 31,321. 196,799. 196,799. 196,799			, , -	-					-
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a Expense reimbursements b Miscellaneous C d All other revenue ■ Total. Add lines 11a-11d ■ 31,321. 196,799. 1		10 a	·		000 100				
c Net income or (loss) from sales of inventory ▶ 196,799. 196,799. Miscellaneous Revenue Business Code 11 a Expense reimbursements 900099 16,124. 16,124. b Miscellaneous 900099 1,909. 1,909. c 4 All other revenue 18,033. 18,033.				a .					
Miscellaneous Revenue Business Code			-	b	31,341.	106 700	106 700		
11 a Expense reimbursements 900099 16,124. 16,124. b Miscellaneous 900099 1,909. 1,909. c	ŀ	<u>c</u>			Duningan Cada	190,799.	190,/99.		
b Miscellaneous 900099 1,909. 1,909. d All other revenue 18,033.	}	44 -				16 124	16 124		
d All other revenue e Total. Add lines 11a-11d 18,033.		11 a		. sements					
e Total. Add lines 11a-11d 18,033.		0	WINCELLGHEOUS		200033	1,303.	1,909.		
e Total. Add lines 11a-11d 18,033.	ŀ	d G	All other revenue						
	ļ	e			•	18,033.			1
			•		•		353,855.	0	. 1,651.

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		· · · · · · · · · · · · · · · · · · ·		•
	organizations in the United States. See Part IV, line 21		:		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			,	-
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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 (non-employees):	54,564.	2,728.	51,836.	
a	Management	54,504.	4,720.	31,030.	
b	Legal	28,980.	1,449.	27,531.	
c d	Accounting Lobbying	20,500.	1,440.	27,331.	
u e	Professional fundraising services. See Part IV, line 17	.,		·	
f	Investment management fees		·	· · · · · · · · · · · · · · · · · · ·	
g g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	144,219.	144,219.		
12	Advertising and promotion	783.	783.		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	10,284.	9,173.	1,111.	
14	Information technology				
15	Royalties				
16	Occupancy	7,630.	7,249.	381.	
17	Travel	11,066.	11,066.		
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				:
а	Recruitment fees	15,000.		15,000.	· · · · · · · · · · · · · · · · · · ·
b	Lab supplies	43.	43.	· · ·	
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	272,569.	176,710.	95,859.	0.
26	Joint costs. Complete this line only if the organization				See Schedule O
	reported in column (B) joint costs from a combined				_
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	· · · · · · · · · · · · · · · · · ·	<u> </u>		

Part 2	<u>X</u>	Balance Sheet			
•		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	110,841.	1	104,734
2	2	Savings and temporary cash investments	801,935.	2	1,003,586
3	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net	92,297.	4	136,218
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	24,549.	8	18,668
" I .	9	Prepaid expenses and deferred charges		9	361
10	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	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 34)	1,029,622.	16	1,263,567
17	7	Accounts payable and accrued expenses	13,900.	17	26,401
18	В	Grants payable		18	
19	9	Deferred revenue	59,124.	19	10,000
20	0	Tax-exempt bond liabilities		20	
21 م	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	2	Loans and other payables to current and former officers, directors, trustees,			,
2		key employees, highest compensated employees, and disqualified persons.			
5		Complete Part II of Schedule L		22	
23	3	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	6	Total liabilities. Add lines 17 through 25	73,024.	26	36,401
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
စ္မ		complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	7	Unrestricted net assets	<u>956,598.</u>	27	1,227,166
28	В	Temporarily restricted net assets		28	
29	9	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5		and complete lines 30 through 34.			
2 30	0	Capital stock or trust principal, or current funds		30	
Ž 31	1	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets of	2	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	3	Total net assets or fund balances	956,598.	33	1,227,166
34	4	Total liabilities and net assets/fund balances	1,029,622.	34	1,263,567

Form **990** (2012)

	90 (2012) GMA Science and Education Foundation	<u> 52-208</u>	8235	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	·			
		1 1			_
	otal revenue (must equal Part VIII, column (A), line 12)	1		3,13	
2 T	otal expenses (must equal Part IX, column (A), line 25)	2		2,56	
	Revenue less expenses. Subtract line 2 from line 1	3		,56	
4 N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	956	5,59	98.
5 N	let unrealized gains (losses) on investments	5			
6 D	Donated services and use of facilities .	_6			
7 Ir	nvestment expenses	7			
8 P	Prior period adjustments	В			
9 C	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	olumn (B))	10	<u>1,227</u>	7,16	<u> 56.</u>
<u>Part</u>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
	<u> </u>			Yes	No
1 A	Accounting method used to prepare the Form 990: Cash Accrual Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
S	eparate basis, consolidated basis, or both.				
[Separate basis Consolidated basis Both consolidated and separate basis				
ь۷	Vere the organization's financial statements audited by an independent accountant?		2b	\mathbf{x}	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
С	onsolidated basis, or both				
[Separate basis X Consolidated basis Both consolidated and separate basis				
c If	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	eview, or compilation of its financial statements and selection of an independent accountant?		2c	\mathbf{x}	
If	the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
	is a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	ct and OMB Circular A-133?	•	3a		Х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		\neg	
	r audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Name of	the organizat		_					E		identification numbe			
			ience and Edu						5	2-2088235			
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.					
The organ	ization is not	a private foundatior	because it is: (For lines	1 through	11, check	only one t	oox.)						
1			es, or association of chur			ection 170)(b)(1)(A)(i).					
2 ├┤			70(b)(1)(A)(ii). (Attach So										
3 ├		•	oital service organization										
4 🗀		-	operated in conjunction	with a ho	spital desc	ribed in s e	ection 170	(b)(1)(A)(i	ii). Enter	the hospital's name,			
	city, and sta												
5 📖			benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	ıl descrit	oed in			
)(b)(1)(A)(iv). (Comp											
6		_	nent or governmental uni						_				
7 📖			ceives a substantial part	of its supp	port from a	governme	ental unit d	or from the	general	public described in			
• 🗀		(b)(1)(A)(vi). (Compl	•	6	5								
8			section 170(b)(1)(A)(vi).										
9 📖			ceives: (1) more than 33						•	= :			
		=	inctions - subject to certa	•	,	•				-			
		509(a)(2). (Complet	taxable income (less sec	นอกราเฉ	ax) irom bu	sinesses	acquired t	by the orga	anization	arter June 30, 1975.			
10 🔲			pperated exclusively to te	et for nub	lic eafaty 9	See sectio	nn 500(a)(4)					
11 🗓					-			-	v out the	nurnoses of one or			
***		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	•		g organization and compl	, ,	' '		L). 000 00		u)(U). UI	look trio box triat			
		a 🔀 Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated											
e 🗀	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than												
			=	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f		=			=								
	•	organization received a written determination from the IRS that it is a Type I, Type II, or Type III rting organization, check this box											
g	• • •	-	organization accepted ai	ny gift or c	ontribution	from any	of the foli	owing per	sons?				
•	_		directly controls, either a	-		-				, Yes No			
	the gov	erning body of the	supported organization?							11g(i) X			
	(ii) A family	member of a perso	on described in (i) above?	?						11g(ii) X			
	(iii) A 35%	controlled entity of	a person described in (i)	or (II) abov	re?					11g(iii) X			
h	Provide the	following information	n about the supported or	ganızatıor	n(s).								
								_					
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizati	the	(vii) Amount of monetary			
orga	anızatıon		(described on lines 1-9 above or IRC section		sted in your document?			(i) organiz	red in the	support			
			(see instructions))			L							
				Yes	No	Yes	No	Yes	No				
•	nufacturers	F2 011402							1	,			
sociation	-	53-0114930	0501(C)(6)	X	ļ			ļ		0			
									1				
-			 	-			ļ <u>.</u>		 				
					1								
			<u> </u>	 	 		 	 	}				
		 	 	 	 		 	 	 -				
			-	+	 		<u> </u>		 				
Total													
Total)			<u>.L</u>	<u> </u>	<u> </u>		Cabadui	1 0 A /Fan	m 000 or 000 E7) 201			

232021 12-04-12

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	 					
	ction B. Total Support			<u> </u>	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4					, , , , , , , , , , , , , , , , , , ,	
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		<u> </u>				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		 				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	·					
	Gross receipts from related activities,	etc. (see instruct	tions)			12	
	First five years. If the Form 990 is for	•	•	rd. fourth. or fifth ta	ax vear as a sectio		
	organization, check this box and stop	=			,		ightharpoonup
Se	ction C. Computation of Publi	c Support Pe	ercentage		· · · · · · · · · · · · · · · · · · ·	·	<u> </u>
14	Public support percentage for 2012 (li	ne 6, column (f) (divided by line 11,	column (f))		14	%
	Public support percentage from 2011		•	.,,		15	%
16a	33 1/3% support test - 2012. If the o	rganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	-					ightharpoons
b	33 1/3% support test - 2011. If the o	rganization did n	ot check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	-					▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-		-				
	meets the "facts-and-circumstances"					5	
b	10% -facts-and-circumstances test	J	•		ŭ	17a, and line 15 is	10% or
	more, and if the organization meets th	13	~				
	organization meets the "facts-and-circ						▶□
<u>1</u> 8	Private foundation. If the organization		=		-		s •
						edule A (Form 990	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		İ				
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					<u> </u>	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b			***************************************		<u> </u>	
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
•	acquired after June 30, 1975	<u></u>				<u> </u>	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on					ļ	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)			<u> </u>	<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here	- 0					▶∟_
	ction C. Computation of Publ						
	Public support percentage for 2012 (I			column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves		·	20.12.001: (5)		47	0/
	Investment income percentage for 20			ie 13, column (f))		17	%
	Investment income percentage from 2			on line 14 and the	o 15 io mara th	18	%
19a	33 1/3% support tests - 2012. If the	=					I I IS HOL
4-	more than 33 1/3%, check this box at	=	-				and
Ø	33 1/3% support tests - 2011. If the	-					
~~	line 18 is not more than 33 1/3%, che		. •	•		_	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012
Open to Public Inspection

Name of the organization

Employer identification number

	GMA Science and Ed					52-2088	
Pai				ds or A	ccou		
	organization answered "Yes" to Form 990, Part IV, lin	e 6.					
		(a) Do	nor advised funds	(b) Func	is and other acco	ounts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that th	e assets held in donor adv	ised fun	ds		
	are the organization's property, subject to the organization's	exclusive lega	al control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ing that grant funds can b	e used c	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advis	or, or for any other purpos	se confer	rıng		
	impermissible private benefit?					Yes	No_
Par	t II Conservation Easements. Complete if the or	ganization ans	wered "Yes" to Form 990,	, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all t	that apply).				
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an h	nistoricall	y impo	rtant land area	
	Protection of natural habitat		Preservation of a ce	ertified hi	storic s	tructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservat	ion contribution in the forr	m of a co	nserva	tion easement or	the last
	day of the tax year.						
					-	Held at the End of	the Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic str		• •		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06,	and not on a historic struc	cture	١		
_	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eeased, exting	uisnea, or terminated by t	ne organ	ization	during the tax	
	year ▶ Number of states where property subject to conservation ea	reament is last	atod •				
4 5	Does the organization have a written policy regarding the pe		•	- of			
5	violations, and enforcement of the conservation easements		ing, inspection, nationing o	•		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	during th	ne vear		
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above						_
_	and section 170(h)(4)(B)(ii)?	•	•		,,,	Yes	☐ No
9	In Part XIII, describe how the organization reports conservat	ion easements	s in its revenue and expens	se stater	nent, ar	nd balance sheet	t, and
	include, if applicable, the text of the footnote to the organiza	ition's financia	I statements that describe	s the org	janizati	on's accounting	for
	conservation easements						
Par	t III Organizations Maintaining Collections o			Other :	Simila	ar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, I	ine 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	-					
	historical treasures, or other similar assets held for public ex			rance of	public :	service, provide,	ın Part XIII,
	the text of the footnote to its financial statements that descr						
b	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, e	ducation, or re	esearch in furtherance of p	oublic sei	vice, p	rovide the followi	ng amounts
	relating to these items:				h ^		
	(i) Revenues included in Form 990, Part VIII, line 1				№ \$	6	
_	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre			ai gain,	brovide)	
_	the following amounts required to be reported under SFAS 1	1 10 (ASC 958)	relating to these items:		_ •	<u>.</u>	
a	Revenues included in Form 990, Part VIII, line 1				> 0	S S	
b	Assets included in Form 990, Part X				₽	´ ————	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		ence and E								Page 2		
Par	t III Organizations Maintaining C	Collections of A	<u>trt, Hist</u>	torical T	reasures,	or Othe	er Sim	ilar Asse	e ts (continu	ued)		
3	Using the organization's acquisition, accessi	ion, and other recor	ds, check	k any of the	following th	at are a s	ignificar	it use of its	collection	items		
	(check all that apply):											
а	Public exhibition		d 🖳 b	Loan or exc	change progr	rams						
b	Scholarly research	1	е 📖	Other								
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	an how th	ey further	the organizat	ion's exe	mpt pur	pose in Pa	rt XIII.			
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	ner sımıla	r assets	_	_	_		
	to be sold to raise funds rather than to be m								Yes	No		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered	"Yes" to	Form 99	0, Part IV,	line 9, or			
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ns or other a	ssets not	include	d				
	on Form 990, Part X?								Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing t	able:								
									Amount			
С	Beginning balance						1c					
d	Additions during the year						. 1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Yes	□ No		
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	explanatio	n has beer	n provided ın	Part XIII						
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to Fo	orm 990, Parl	t IV, line 1	10.					
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four	years back		
1a	Beginning of year balance		T									
b	Contributions]						
С	Net investment earnings, gains, and losses		Ī									
d	d Grants or scholarships											
е	e Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a)) held as	·						
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.										
За	Are there endowment funds not in the posse	ession of the organi	zation tha	t are held a	and administ	ered for t	he organ	nization	_			
	by:									Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	lule R?					3b			
4	Describe in Part XIII the intended uses of the	organization's end	owment t	funds.								
Par	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X,	line 10.								
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	ccumula	ited	(d) Book	value		
		basis (invest	ment)	basis	(other)	de	preciation	n				
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
е	Other											
Total	Add lines 1a through 1e. (Column (d) must e	egual Form 990. Par	t X. colun	nn (B), line	10(c).)					0.		

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 GMA Science	and Education	. Foundation	52-2088235 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12. (b) Book value	(1) 14-4	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. S	ee Form 990 Part Y line 13		
(a) Description of investment type	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
<u>(9)</u> (10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.	· · · · · · · · · · · · · · · · · · ·	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2)			,
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the telliability for uncertain tax positions under FIN 48 (ASC 2			

232053 12-10-12

Sche Par	dule D (Form 990) 2012 GMA Science and Education I				2088235 Page 4
<u></u>		nts vv	ith Revenue per R		
1	Total revenue, gains, and other support per audited financial statements			1	52,825,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	52,251,342.		
е	Add lines 2a through 2d			2e	52,251,342.
3	Subtract line 2e from line 1			3	574,458.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	<31,321.	>	
С	Add lines 4a and 4b			4c	<31,321.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	543,137.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	ith Expenses per	Retu	ırn
1	Total expenses and losses per audited financial statements			1	50,120,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b	·		
c	Other losses	2c			
d	Other (Describe in Part XIII.)				
-	Add lines 2a through 2d	_2d	49,847,584.	2e	49,847,584.
3	Subtract line 2e from line 1	3	272,569.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			-3-	212,303.
-		1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			<u></u>
_	Add lines 4a and 4b			4c	272 560
5 Do:	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information			5	272,569.
	- ········ - · · · · · · · · · · · · ·		14.5		0. 5
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				2b; Part V, line 4, Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to	•			
Par	t X, Line 2: Management reviews and assess	ses	all activiti	es	
					9
anr	ually to identify any changes in the scope	e or	the activit	<u> 1es</u>	and
		c			
rev	venue sources and the tax treatment thereof	1 60	identity an	y u	ncertain
L	itions - How the warm anded Describer 1	0.1	2012		
tax	positions. For the year ended December 3	<u> </u>	zuiz, manage	men	t did not
ide	entify any uncertain tax positions requiring	na r	ecognition o	r d	isclosure
	more and anocedarie dan poblicions rogaries	-9 -	<u>coognitoton o</u>		<u> </u>
in	the financial statements.				
Par	t XI, Line 2d - Other Adjustments:		,		

232054

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 GMA Science and Education Foundation Supplemental Information (continued)	52-2088235 Page 5
Revenue of entities other than the Foundation included in the	e
consolidated audited financial statements, net of	
elimination entries	52,251,342.
Part XI, Line 4b - Other Adjustments:	
Cost of goods sold	-31,321.
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Foundation included in the	ne
consolidated audited financials statements, net of	
elimination entries	49,816,263.
Cost of goods sold (netted with revenue on the Form 990)	31,321.
Total to Schedule D, Part XII, Line 2d	49,847,584.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GMA Science and Education Foundation

Part I Questions Regarding Compensation

Employer identification number 52-2088235

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		
2		_		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	-	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			•
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ŀ
	contingent on the revenues of:			
	The organization?	5a		X
þ	Any related organization?	5b	<u> </u>	_^_
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ļ	
_	contingent on the net earnings of	60		x
	The organization?	6a_		X
b	Any related organization?	6b		
-	If "Yes" to line 6a or 6b, describe in Part III.			
7		7		v
c	not described in lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	0		y
•	· · · · · · · · · · · · · · · · · · ·	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		

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Schedule J (Form 990) 2012

GMA Science and Education Foundation

52-2088235

Schedule J (Form 990) 2012

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2)(0)(2)	in prior Form 990
(1) Pamela Bailev	3	0	0	0	0	0	0	0
ector [& GMA CEO]) (1,146,01	861,981.	51,420.	33,245.	40,694.	2,133,35	861,981.
	Ξ	0	0	0	0	0		
	(E)	322,10	0.	0.	33,245.	15,419.	370,77	
Pappas	Θ		0.	0.		0.		0
	Ξ	143,21	.0	0.	17,362.	14,489.	175,068.	0
s Skiles	Ξ	0	0	0	0	0		•0
etary	Ξ	217,183.	0	0.	28,941.	10,374.	256,498.	0
	Θ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Line 1b: Officers of the Foundation were compensated by the Part I, Grocery Manufacturers Association (GMA) in their role as employees of GMA.

2012 and did not directly compensate any The Foundation had no employees in

officer, director or key employee.

the Foundation, board member of CEO of GMA, who is a The President and

received the following through GMA:

First class travel was provided by GMA in accordance with the employment

Such costs were required to be substantiated via receipts and agreement.

All travel was business related. itinerary submitted.

A11 Spousal travel was included as part of the employment agreement. spousal travel was required to comply with GMA expense reporting policies

and was included in the President and CEO's Federal Form W-2 wages.

group company automobile and ال Gross up payments included personal use of

term life insurance.

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number** GMA Science and Education Foundation 52-2088235 Form 990, Part III, Line 1, Description of Organization Mission: change. The Foundation also serves to further enhance the Grocery Manufacturers Association as a recognized world leader in food science and safety. Form 990, Part VI, Section A, line 3: The Foundation's operations are managed by its parent company, the Grocery Manufacturers Association and all employees who spend time on Foundation activities are employees of the Grocery Manufacturers Association. Form 990, Part VI, Section A, line 6: Pursuant to the Foundation's governing documents, the sole member of the Foundation is the Grocery Manufacturers Association. Form 990, Part VI, Section A, line 7a: The Board of Directors of the Foundation is determined by the Foundation's sole member, the Grocery Manufacturers Association. Form 990, Part VI, Section A, line 7b: Decisions made by the Board of Directors of the Foundation are subject to approval by the Foundation's sole member, the Grocery Manufacturers Association. Form 990, Part VI, Section A, line 8a: Written minutes were not prepared and contemporaneously approved in 2012.

Form 990, Part VI, Section A, line 8b: The Foundation has no established LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211

Employer identification number 52-2088235

board committees. Accordingly, this question is not applicable.

Form 990, Part VI, Section B, line 11: The Foundation's Federal Form 990 is reviewed by the accounting staff of the Grocery Manufacturers

Association, including the Director of Accounting, Controller and CFO.

Such review takes place upon receipt of the draft Form 990 received from the independent public accounting firm who conducts the consolidated financial statement audit of GMA of which the Foundation is a part. The review involves comparison of financial data in the Form 990 with the audited financial statements and review of all narrative information for accuracy and completeness.

Form 990, Part VI, Section B, Line 12c: In addition to the written conflict of interest policy, the Foundation regularly reviews anti-trust provisions, which specifically address conflict of interest provisions, at board meetings. In the event of any actual or perceived conflict, the Board determines what action is appropriate, if any.

Form 990, Part VI, Section B, Line 15: The President and other officers of the Foundation are compensated by the Foundation's parent organization, the Grocery Manufacturers Association (GMA). The Foundation did not have any employees in 2012 and did not directly compensate any officer, director or key employee. As such, Part VI, Section B, question 15 is answered "no" in accordance with the IRS's instructions since the Foundation did not directly compensate any individual.

GMA's compensation structure provides that comparability data is gathered from a variety of publicly available sources, including published survey

data and Form 990's. Compensation recommendations for key employees are

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization GMA Science and Education Foundation	Employer identification number 52-2088235
reviewed by an independent consultant. Compensation deci	isions for key
employees are recommended by the GMA Executive Committee	and approved by
the Board Chair.	
Form 990, Part VI, Section C, Line 18: The Foundation makes	
Form 990 available upon request.	
Form 990, Part VI, Section C, Line 19: The Foundation wil	ll consider making
its governing documents, conflict of interest policy and	financial
statements available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
GMA Contractors - for research, class instruction, etc.:	
Program service expenses	95,219.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	95,219.
Consultant fee - development of Food Safety Plan Manual:	
Program service expenses	49,000.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	49,000.
Total Other Fees on Form 990, Part IX, line 11g, Col A	144,219.
Form 990, Part XII, Line 2c	
The Finance and Audit Committee of the Grocery Manufature	ers Association
(GMA) is responsible for the approval of the independent 232212 01-04-13 Sche	public dule O (Form 990 or 990-EZ) (2012)
51-04-13 Scne	dule O (FOITH 990 OF 990-EZ) (2012)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012 Open to Public Inspection Employer identification number

52-2088235

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) GMA Science and Education Foundation Name of the organization

► See separate instructions.

Direct controlling $\boldsymbol{arepsilon}$ End-of-year assets (e) Total income ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EiN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a)	(q)	(0)	(g)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(SLX)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
Grocery Manufacturers Association (GMA) -	GMA represents the world's						
53-0114930, 1350 I Street, NW, Suite 300,	leading food, beverage &						
Washington, DC 20005	consumer products co's.	Delaware	501(c)(6)			7	_

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

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Schedule R (Form 990) 2012

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3

GMA Science and Education Foundation Schedule R (Form 990) 2012

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

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Yes 9 Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Ξ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u> Part IV

(9)	Section 512(b)(13) controlled entity?	Yes No			 	 				
(F)	Percentage ownership	<u> </u>								
1	Share of end-of-year	assers								
	Share of total income									
(e)	Type of entity (C corp, S corp,	OI tidat)								
(D)	Direct controlling Type of entity (C corp, S corp,									
(0)	Legal domicile (state or foreign	country)								
(q)	ctivity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2012

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Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			13	X
b Gift, grant, or capital contribution to related organization(s)	:	:	1 b	×
c Gift, grant, or capital contribution from related organization(s)			1	×
d Loans or loan quarantees to or for related organization(s)			PI	×
	•	,		>
E Coalls of total guarantees by related organization(s)			<u> </u>	4
				>
f Dividends from related organization(s)		;		4
g Sale of assets to related organization(s)		•		×
h Purchase of assets from related organization(s)		:	=	×
		•	=	×
i Lease of facilities equipment or other assets to related organization(s)	•			×
k Lease of facilities, equipment, or other assets from related organization(s)			¥	×
ated	organization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)	:	X mt	
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı		X 11 X	
Sharing of paid employees with related organization(s)	•		×	
	:		+	
p Reimbursement paid to related organization(s) for expenses	:	:	X e	
q Reimbursement paid by related organization(s) for expenses	: :		-	1
r Other transfer of cash or property to related organization(s)		:		×
s Other transfer of cash or property from related organization(s)		•		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ns line, including covered	relationships and transaction thresholds.	ł
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	
(1) Grocery Manufacturers Association	M	186,631.	Fair value	
(2) Grocery Manufacturers Association	Z	1,547.	Fair value	
(a) Grocery Manufacturers Association	0	171,303.	Fair value	
(4) Grocery Manufacturers Association	Сl	9,797.	Fair value	
	(104 660		<u> </u>
GIOCELY MAIIULACCULELS	×	4	1	1
(6)	36		X (000 minol) d objection	1 5
232163 12-10-12	90		Schedule K (Form 990) 2012	2102

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

		(3)	, ad	1	9	3	14,	9	5	
(a)	(a)		(a)	re zil	E	(6)	(L)	(1)	€ (ξ) (Σ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	partners sec 501(c)(3) orgs ?	Snare of total	Snare of end-of-year	tonate tonate allocations?	uspropur CODE V-UB! Ceneral or Percentage united amount in box 20 managing ownership allocations? of Schedule K-1 partner?	Jeneral ol managing partner?	Percentage ownership
		country)	under section 512-514) Yes	2	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2012

Schedule R	(Farm 990) 2012	GMA	Science	and	Education	Foundation	52-2088235	Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation	ĺ					-
	Complete the next to me					Oals - d d- B ()		
	Complete this part to pro	ovide addi	tional informatio	on for res	sponses to question	s on Schedule R (see instru	ictions)	
					• •		······	
								
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