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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning and ending						
B c	heck if oplicable	C Name of organization	D Employer identific	eation number				
	Addres change	GMA Science and Education Foundation						
\vdash	Name change		52-20	088235				
一]initial]return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
\vdash	Trinal	1350 I Street, NW 300	(202					
	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	541,519.				
	Amend							
\vdash	⊒return ∏Applica		H(a) Is this a group re for subordinates	<u> </u>				
	⊥tion pendin	same as C above						
			H(b) Are all subordinates in 527 If "No," attach a					
		expart of www.gmaonline.org	·	list (see instructions)				
			ear of formation: 1998 M					
		Summary	ear or formation. 1330; W	State of legal domiche. DC				
- 6			the impresses	ont of				
ce		Briefly describe the organization's mission or most significant activities. Catalyze						
Jan	-	global food safety inspiring the trust of th						
Activities & Governance		Check this box	1 _ 1					
g	l	Number of voting members of the governing body (Part VI, line 1a)	3	<u>8</u> 7				
ෂ		Number of independent voting members of the governing body (Part VI, line 1b)	4					
ties		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0				
tivi	i	Total number of volunteers (estimate if necessary)	6	0				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	.7a	0.				
	Ь	Net unrelated business taxable income from Form 990-T, line 34		0.				
			Prior Year	Current Year				
Revenue	F	Contributions and grants (Part VIII, line 1h)	211,409.	236,483.				
	1	Program service revenue (Part VIII, line 2g)	108,776.	88,752.				
Æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	892.	613.				
•	f	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	267,549.	<u>191,687.</u>				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	588,626.	517,535.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	463.	25,594.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ës	l.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,711.	322,765.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
X		Total fundraising expenses (Part IX, column (D), line 25) 21,238.	000 545	400 000				
ш		Other expenses (Part IX, column (A), Imes (1a+1d, 111-24e)	227,717.	430,977.				
	1	Total expenses Add lines 13-7 (must equal Part IX, column (A), line 25)	337,891.	779,336.				
	19 !	Revenue less expenses. Subtract line 18 from line 12	250,735.	<261,801.>				
Son		Fotal assets (Part X, line 16)	Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20		1,521,601.	1,371,494.				
팛	21 ^	Total liabilities (Part X, line 26)	43,700.	155,394.				
쬱	22	Net asset or fund balances. Subtract line 20 from time 20	1,477,901.	1,216,100.				
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is				
true,	CORFEC	, and complete Declaration of preparer (other than officer) is based on all information of which prep	earer has any knowledge.					
		Signature Opofficer	Date / Date	<u> </u>				
Sig	1							
Her	е	Mr. Bill Pappas, Treasurer, GMA VP & Cont	roller					
			I Data de la Tay . T	TI STILL				
		Print/Type preparer's name Preparer's signature	Date /1/16 Check [PTIN				
Paid	ſ	Thomas J. Raffa	sen-employs					
Preparer Firm's name Raffa, P.C. Firm's EIN 52-1511275								
Use	Only	Firm's address 1899 L Street, NW, Suite 900						
		Washington, DC 20036	Phone no. (2	<u>02) 822-5000</u>				
May	the if	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				

Part III Statement of Program Service Accomplishments Technology		990 (2014) GMA Science and Education Foundation	52-2088235	Page 2
1 Bnefly describe the organization's mission: The Foundation delivers innovative research, state-of-the-art training and best-in-class education programs to the food industry and consumers and, thereby, contributes to the delivery of high quality, safe food and consumer products. The Foundation also serves to further Dot the organization understate any eginficant program services during the year which were not lated on the poor from 90 or 990-E27 Tyes X No II "Yes, describe these two services on Schedule C. 3 Dot the organization programs services compleximents for each of its three largest program services, as measured by expenses. Section 501(5)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, draw, for each program service seporate are required to report the amount of grants and allocations to others, the total expenses. And revenue, draw, for each program service seporate and allocations to others, the total expenses. And revenue, draw, for each program service seporate and allocations to others, the total expenses. And revenue, draw, for each program service seporate and the program service seporate and penetral public. 4b (Code	Pa	rt III Statement of Program Service Accomplishments		
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Form 990 (2014))	
Form 990 (2014)	4e	Total program service expenses ► 491,277.		
	43300		Form 9	90 (2014)

			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_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			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	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	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
'	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		v	
102	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u>X</u> _	
124	Schedule D, Parts XI and XII	10-		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		_^_
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		-22
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		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? If "Yes," complete Schedule G, Part II	18		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2014

Form 990 (2014) GMA Science and Education Foundation 52-2088235 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 X 22 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 X 23 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 X 24a 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 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 of any of these persons? If "Yes," complete Schedule L, Part III 27 X 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations?

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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

Form	990	(2014
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X

X

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35a

35b

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X

X

X

X

X

Х

Х

Par	Check if Schedule O contains a response or note to any line in this Part V				Г
	Checking distribution of the control			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 1		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1 !		ļ
_	Did the organization comply with backup withholding rules for reportable payments to vendors and r		1	i	
	(gambling) winnings to prize winners?	-p-::	1c	x	
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 retu		2b	j 1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	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 FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	_5b		X
	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	he organization solicit	1		
	any contributions that were not tax deductible as charitable contributions?		6a	\vdash	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the ideal with Is 2.	tions or gifts	ا ا		
7	were not tax deductible?		6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ruces provided to the payor?	7-		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices provided to the payor	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras required	10		<u> </u>
Ŭ	to file Form 8282?	ao roquirea	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			}
	sponsoring organization have excess business holdings at any time during the year?		8		ļ
9	Sponsoring organizations maintaining donor advised funds.				l
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	 	ــــــ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		.9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter	1 1		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter.	144			ļ
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	446			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1 1		
а	is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	<u>_</u>		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		
			Form	990	(2014

Form 990 (2014) GMA Science and Education Foundation 52-2088235 Page Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line 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			E
	If there are material differences in voting rights among members of the governing body, or if the governing			ı
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b] .		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
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		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			زـــــ نــــ
а	The governing body?	8a	X	
þ	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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ŀ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
_	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	Х	77
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l Ţ	
40	In 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		
15	Did the process for determining compensation of the following persons include a review and approval by independent	ļ		,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director, or top management official See explanation in Schedule O			· 💬
	The digulations dee, exceptive birector, or top management official	15a		X
D	and any any any any and any and any and any	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ļ		-
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			1
500	tion C. Disclosure	16b		
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)			
10	for public inspection. Indicate how you made these available. Check all that apply	avanac	и е	
	Own website Another's website 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, and	d 6:	امره	
13	statements available to the public during the tax year.	u iinan	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Mr. Bill Pappas, Board Treasurer and GMA Vice President and Con	tro	110	-
		000		-
43200	11-07-14			(2014)
-2500	• ·· •· ··	1 0111		(41 0 141

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 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
- 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) Name and Title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	cer an		Irecto	Highest compensated All Signature Complexed Compensated Complexed Compensated Complexed Compensated Co	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Pamela Bailey	0.50 37.00		_	-				0.	1 650 212	1000053
Director [& GMA CEO]	0.50	┢≏	-	-	-			0.	1,650,213.	1008652
(2) Jonathan DeVries	0.50	X						0	٥	0
Director	0.50	1						0.	0.	0
(3) Mahipal Kunduru	0.50	x	ĺ					_	1	•
Director	0.50	^	-	\vdash				0.	0.	0
(4) Roger Lawrence	0.50	x							0	0
Director	0 50	A	├			<u> </u>		0.	0.	0
(5) Richard Linton	0.50								ا م	•
Director	0 50	X	┢	-		-		0.	0.	0
(6) Elsa Murano	0.50	.						0		0
Director	0 50	X	-			┼—	-	0.	0.	0
(7) Tim Haley	0.50		1		ı			•		•
Director	0.50	X	-			 -	-	0.	0.	0
(8) Carol Kellar	0.50	٠,								0
Director	2 00	X	├		ļ.	-	-	0.	0.	0
(9) Leon Bruner, President (& GMA Chief Science Officer)	2.00 35.50			х				0.	420,019.	123,554
(10) Bill Pappas	2.00						l			
Treasurer (& GMA Controller)	35.50			X	<u> </u>	<u> </u>		0.	174,307.	56,475
(11) Brian Bedard	37.50]			1					
Executive Director			ļ	X	L	<u> </u>		0.	206,603.	36,990
								•		
		-	-		_					
		_	_			ļ	_			
	<u> </u>	1								
		_				-	-			
			<u> </u>			<u> </u>	<u>L_</u>			
										Form 990 (201)

	t VII	Check if Schedule O cont		or note to any lin	e 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
nts	1 a	Federated campaigns	1a					_
ig in	b	Membership dues	1b					
Am (С	Fundraising events	10					
	d	Related organizations	1d					
S.E.	е	Government grants (contribut	ions) <u>1e</u>	16,102.				
e ij	f	All other contributions, gifts, gran	1 1					:
[출동]		similar amounts not included abo	ve 1f	220,381.				
Contributions, Gifts, Grants and Other Similar Amounts	g		1a-1f \$		000 400			
0 8	h	Total. Add lines 1a-1f		<u> </u>	236,483.			
_		T			00 550	00 550		
je	2 a	Instruction fee		900099	88,752.	88,752.		
le g	b							
E S	C							-
Program Service Revenue	d							
P.	•	All other program service reve	2010					
1		Total. Add lines 2a-2f	, ido		88.752.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			613.			613.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨			·	
	5	Royalties		•	378.			378.
			(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	` '		<u> </u>				
	d	` '		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
ŀ	_	and sales expenses		-				
l		Gain or (loss) Net gain or (loss)						
		Gross income from fundraisin	a evente (not					
울	O a	including \$						
š		contributions reported on line						
Æ		Part IV, line 18	-					
Other Revenue	b	Less direct expenses						
0		Net income or (loss) from fund	draising events				-	
İ	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
		Less: direct expenses						
		Net income or (loss) from garr	•	•				
	10 a	Gross sales of inventory, less						
		and allowances						1
		Less cost of goods sold		23,984.	101 206	101 006		
}	<u>c</u>	Net income or (loss) from sale		_P	191,306.	191,306.		
ŀ	44 -	Miscellaneous Revenu	16		2	ا د		
		Miscellaneous_		900099		3.		-
	b						<u></u>	
	c d	All other revenue	- 					
		Total. Add lines 11a-11d			3			
	12	Total revenue. See instructions.	16 16 102	. 991.				
432000	,	, , , , , , , , , , , , , , , , , , , ,	-	F				Form 990 (2014)

	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
76, 8	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25,594.	25,594.		
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,	281,221.	163,162.	103,914.	11 115
6	trustees, and key employees Compensation not included above, to disqualified	201,221.	103,102.	103,314.	14,145
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,991.	16,794.	10,357.	840
8	Pension plan accruals and contributions (include	21,001.	10,134.	10,337.	040
Ü	section 401(k) and 403(b) employer contributions)	İ			
9	Other employee benefits	1,566.	940.	579.	47
10	Payroll taxes	11,987.	7,193.	4,195.	599
11	Fees for services (non-employees):	22/30/0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/1331	
	Management	25,340.	15,204.	8,869.	1,267
	Legal		20/2021	0,000.	1,207
	Accounting	24,772.	1,239.	23,533.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	261,605.	176,605.	85,000.	
12	Advertising and promotion	4,322.	3,580.	649.	93
13	Office expenses	15,673.	12,132.	3,098.	443
14	Information technology				
15	Royalties				
16	Occupancy	11,690.	7,013.	4,092.	585
17	Travel	75,610.	52,931.	19,844.	2,835
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	6,616.	5,680.	819.	117
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	349.	210.	122.	17
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 0.)				
а	Exhibitor fees	5,000.	3,000.	1,750.	250
b					
c					
d					·
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	779,336.	491,277.	266,821.	21,238
26	Joint costs Complete this line only if the organization				- 1 2
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 125,352. 45,116. 1 Cash - non-interest-bearing 1,255,036. 1,354,428. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 25,936. 60,059. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 14,802. 9,337. 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,352. basis. Complete Part VI of Schedule D 10a 406 1,083. 1,946. b Less. accumulated depreciation 10b 10c 11 Investments · publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,521,601. 1,371,494. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 43,700. 155,394. Accounts payable and accrued expenses 17 17 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 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 43,700. Total liabilities. Add lines 17 through 25 26 155,394. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,477,901. 27 Unrestricted net assets 27 1,216,100. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here

> ,371,494. Form 990 (2014)

1,216,100.

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33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

1,477,901.

1,521,601

	990 (2014) GMA Science and Education Foundation	52-208	8235	Pag	ge 12
Par	rt XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				
				•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	77	9,3	36.
3	Revenue less expenses Subtract line 2 from line 1	3	<26	1,8	01.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,47	7,9	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
		10	1,21	6,1	00.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2014)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GMA Science and Education Foundation

Employer identification number

52-2088235 Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 🔟 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) Grocery Manufacturers 0 0 |53-0114930|501(C)(6) X Association

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Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

, , , , , , , , , , , , , , , , , , ,						
chedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for 0	Organizations	s Described in	Sections 170	(h)(1)(A)(iv) an	d 170/h)(1)(A)(Page 2
(Complete only if you checked						
fails to qualify under the tests				aou to quality	andor rare in in the	, organization
Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0) 20.0	(8) 2011	(6) 2012	(4) 2010	(6) 2014	(i) iotai
membership fees received. (Do not						
include 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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included		-	i			
on line 1 that exceeds 2% of the		•				
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4 Section B. Total Support			<u> </u>	<u> </u>		
	(=) 2010	(h) 0011	(1) 0010	(0 0040	() 0044	
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc (see instructi	ons)			12	
13 First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stop		roontogo			· · · · · · · · · · · · · · · · ·	▶ □
Section C. Computation of Publi	i.	 _			T	···
Public support percentage for 2014 (III		•	column (t))		14	9/
Fublic support percentage from 2013	· · · · · · · · · · · · · · · · · · ·	· ·	n line 12 and line	14 10 22 4 /20/ - :	15	
16a 33 1/3% support test - 2014. If the or stop here. The organization qualifies a				14 IS 33 1/3% OF I	nore, check this bo	x and ⊾ ☐
b 33 1/3% support test - 2013. If the or				line 15 je 33 1/20	6 or more chack th	us boy
and stop here. The organization qualif					o or more, check tr	II3 DUX

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

ection A. Public Support		<u> </u>				
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in		1]		
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-					1	
iness under section 513						
· · · · · · · · · · · · · · · · · · ·			 -			
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			<u> </u>		 -	
5 The value of services or facilities						•
furnished by a governmental unit to				1		
the organization without charge				ļ		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				1		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					-	
amount on line 13 for the year				_		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
ection B. Total Support						
alendar year (or fiscal year beginning in) ► 🔼	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					<u> </u>	
0a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties					-	
and income from similar sources				•		1
b Unrelated business taxable income						
(less section 511 taxes) from businesses						-
acquired after June 30, 1975						1
c Add lines 10a and 10b						i
Net income from unrelated business				 	<u> </u>	
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain		 		 		
or loss from the sale of capital						
assets (Explain in Part VI)		 		-	-	
3 Total support (Add lines 9, 10c, 11, and 12)	the end of the state of	<u> </u>		<u> </u>	504()(0)	<u></u> _
4 First five years. If the Form 990 is for the	ine organization	s first, second, thii	a, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here ection C. Computation of Public	Support De					
						
5 Public support percentage for 2014 (lir		•	column (t))		15	
6 Public support percentage from 2013					16	
ection D. Computation of Inves				 -		
7 Investment income percentage for 201		•	ne 13, column (f))		17	
8 Investment income percentage from 2					18	
9a 33 1/3% support tests - 2014. If the o	-				•	17 is not
more than 33 1/3%, check this box an	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·			►L
b 33 1/3% support tests - 2013. If the c	organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	▶ L
Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	▶[

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A.	All	Suppo	rting Org	anizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	х	
	2		_X_
	_ 3a	Х	
		.,	
	3b	Х	
	3c_	X	
	4 a		Х
	4b		
	4c		
	5 0		Х
	5a		
	5b		
	5c		
	6		<u>X</u>
	7		<u>X</u>
	8		Х
			
	9a		Х
	9b		<u> </u>
	9c	-	X
	10a		X
	10b		
_	עטו	ь	

Sche	dule A (Form 990 or 990 EZ) 2014 GMA Science and Educati	on Fo	undation	52-2088235 Page 6
Pa	The state of the s			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970. See ins	structions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	·····
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(A) Filol real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			j
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			1
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).		·····	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	···	
3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Sche Par	dule A (Form 990 or 990 EZ) 2014 GMA Science a tV Type III Non-Functionally Integrated 509			2-2088235 Page 7
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3 ·	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		r ·	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				_
<u>C</u>				
<u>d</u>				
<u>e</u>	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	!		
6	Remaining underdistributions for 2014. Subtract lines 3h			
O	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
_ <u>-</u> a	STOCKED OF THE FT.			-
<u>u</u>				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 GMA SCIENCE and Education Foundation 52-2088235 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).
Schedule A, Part IV, Question 3b
The supported organization of the GMA Science and Education Foundation
is the Grocery Manufacturers Association, a tax exempt organization
under IRC 501(c)(6). A pro-forma public support test calculation
(Schedule A, Part III) is completed each year for the Grocery
Manufacturers Association to document that the IRC Section 509(a)(2)
public support test would be met.
Schedule A, Part IV, Question 3c
No direct support (cash or non-cash awards) was provided by the
Foundation to the Grocery Manufacturers Association, the supported
organization. All activities of the Foundation are charitable and
designed to benefit the general public through scientific and
educational contributions to the food and consumer products industries.
These activities are also aligned with the goals of the Grocery
Manufacturers Association and its members.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Pa	The Granication Maintaining Denor Advised Funds on Other Similar B		1	52-20882	
Pai		unas or A	ccour	ITS. Complete if the	₿
	organization answered "Yes" to Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) Fund	s and other accour	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)	_			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	r advised fun	ıds		
	are the organization's property, subject to the organization's exclusive legal control?			Yes	L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of	an be used o	only		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pu	rpose confer	ring		
	impermissible private benefit?			Yes	No_
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV,	line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g , recreation or education)	a historically	/ importa	ant land area	
	Protection of natural habitat	a certified hi	storic st	ructure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	form of a co	nservat	ion easement on th	ne last
	day of the tax year.				
			H	leld 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 structure included in (a)		2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organ	nzation (during the tax	
	year ▶				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handli	ng of			
	violations, and enforcement of the conservation easements it holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easeming	ents during t	he year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the ye	ear 🕨 💲		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(E	3)(ı)		
	and section 170(h)(4)(B)(ii)?			Yes	L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex				
	include, if applicable, the text of the footnote to the organization's financial statements that described	cribes the org	ganizatio	on's accounting for	
_	conservation easements.				
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures,	or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue				
	historical treasures, or other similar assets held for public exhibition, education, or research in fu	rtherance of	public s	ervice, provide, in	Part XIII,
	the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public se	rvice, pr	ovide the following	amounts
	relating to these items:				
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical treasures, or other similar assets for file		provide		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	S			
а	•		▶ \$		
b	Assets included in Form 990, Part X		▶ \$		

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Schedule D (Form 990) 2014

		<u>ence and E</u>						<u>52-20</u>			age 2
Par											
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of t	he following that	t are a sig	ınıfıcant	use of its	collectio	n item	s
	(check all that apply).										
а	Public exhibition	d	اللها	Loan or e	xchange progra	ıms					
b	Scholarly research	е	. 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations (of art, his	stoncal ti	reasures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organiza	ation answered "	'Yes" to F	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribut	ions or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
			_						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year					•	1d		-		
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for e	escrow o	r custodial acco	unt liabili			Yes		No
	If "Yes," explain the arrangement in Part XIII.						., .			ī	Ī ''
Par).				
L		(a) Current year		rior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) carrotte y car	127.	you.	(0) 1,400 year	<u> </u>	a j 1100	your o buok	107.00	you.o	<u> </u>
h	Contributions										
0	Net investment earnings, gains, and losses										
4	Grants or scholarships										
u	Other expenditures for facilities		-		- 						
•	and programs]]		
	Administrative expenses										
-	·										
9	End of year balance	reat year and belong	no (lino 1	a oolum					i		
2	Provide the estimated percentage of the current designated as a superior and assessment.	rent year end balanc	ov Ov	g, colum	n (a)) neid as						
a	Board designated or quasi-endowment	%	%								
b	Permanent endowment										
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a sh										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are hel	d and administe	red for th	e organı	zation			
	by:								<u> </u>	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ı), are the related organizations	·							_3b		
4	Describe in Part XIII the intended uses of the		owment :	tunds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property	(a) Cost or o		''	ost or other	\ - <i>r</i>	cumulat	l.	(d) Boo	k valu	е
		basis (investr	nent)	bas	sis (other)	dep	reciation	1			
	Land										
	Buildings .					-					
C	Leasehold improvements	<u> </u>		<u> </u>						_	
d	Equipment				2,352.		4	06.		<u>1,9</u>	<u>46.</u>
	Other .			<u> </u>	1				_		
~ - 4 - 1	Add lines to through to (Column (d) must a	and Come OOA Dord	V	(D) (- 10-1			▶		1 0	16

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	dule D (Form 990) 2014 GMA Science and Education	Foundation	<u> 52-</u>	<u> 2088235</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		eturr	า.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	 			
1	Total revenue, gains, and other support per audited financial statements		1	43,935	<u>,061.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
b	Donated services and use of facilities	2b			
С.	Recoveries of prior year grants	2c 42 202 540			
d	Other (Describe in Part XIII)	2d 43,393,542.		40 000	
e	Add lines 2a through 2d		2e	43,393	542.
3	Subtract line 2e from line 1		3	541,	519.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b <23,984.	l		
C	Add lines 4a and 4b	4b < 23,984.	i I	.00	004.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	i	4c 5	<u> </u>	<u>,984.</u> ; ,535.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per		1 31/,	, 333.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		Hetu		
1	Total expenses and losses per audited financial statements		1	44,627,	450
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			44,027,	,450.
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d 43,848,114.			
e	Add lines 2a through 2d	20 13 0 10 11 1 1	2e	43,848,	114.
3	Subtract line 2e from line 1		3	779	336.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				330.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b	12)	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	-	5	779.	336.
Pa	rt XIII Supplemental Information.			· · · · · ·	
lines Pai	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addret X, Line 2:	ditional information.			
	nagement reviews and assesses all activiti				
				<u> </u>	
	eatment thereof to identify any uncertain			-	
<u>en</u>	ded December 31, 2014, management did not	identify any unc	ert	ain tax	
pos	sitions requiring recognition or disclosur	e in the financi	al	statemer	ıts.
Par	ct XI, Line 2d - Other Adjustments:				
Re	venue of entities other than the Foundatio	n included in th	e		
<u>C01</u>	nsolidated audited financial statements, n	et of			
<u>el:</u>	imination entries		_	43,393,	542.

Schedule D (Form 990) 2014 GMA Science and Education Foundation Part XIII Supplemental Information (continued)	52-2088235 Page 5
Supplemental Information (continued)	
Part XI, Line 4b - Other Adjustments:	
Cost of goods sold (netted with revenue on the Form 990)	-23,984.
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Foundation included in	the
consolidated audited financials statements, net of	
elimination entries	43,824,130.
Cost of goods sold (netted with revenue on the Form 990)	23,984.
Total to Schedule D, Part XII, Line 2d	43,848,114.
Total to believe by lare hill, blue bu	45,040,114.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

.01

Open to Public OMB No 1545-0047 Inspection Employer identification number 52-2088235 GMA Science and Education Foundation Name of the organization

Part I	Part I General Information on Grants and Assistance
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection
crit	criteria used to award the grants or assistance?
2 De	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

			1		
	(h) Purpose of grant or assistance	Support of the "Hands On"			
	(g) Description of non-cash assistance				
·	(f) Method of valuation (book, FMV, appraisal, other)				
ded.	(e) Amount of non-cash assistance	0			
onal space is need	(d) Amount of cash grant	25 594			
be duplicated if additi	(c) IRC section if applicable	501(c)(3)			
55,000 Part II can	(b) E!N	62-6001636			
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	University of Tennessee, Food Science & Technology - 309 Stokely Management Center - Knoxville, TN 37996			

432101 10-15-14

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

52-2088235

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

GMA Science and Education Foundation

Schedule ((Form 990) (2014)

Part III

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

Final Revenue Service

Final Revenue Service

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

GMA Science and Education Foundation

I Questions Regarding Compensation

Employer identification number 52-2088235

Schedule J (Form 990) 2014

			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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including 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 costion 504(a)(2) 504(a)(4) and 504(a)(00) apperientions much associate lives 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
•	The organization?	-		v
	Any related organization?	5a_		X
	If "Yes" to line 5a or 5b, describe in Part III	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а		6a		Y
	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.	OD		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		- 21
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
-	Partiletions control 52 455 (CV)	_		

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

GMA Science and Education Foundation

52-2088235

Page 2

Schedule J (Form 990) 2014

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) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

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	(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	other deferred compensation	benefits	(D)·(I)(B)	in column (B) reported as deferred in prior Form 990
(1) Pamela Bailev	Ε	0	0	0	0	0	0.	0
8	E	1,202,89	416,680.	30,643.	969,74	39,103.	2,659,06	416,680.
<u>@</u>	Ξ		0.					0
6	(II)	351,019.	.000,69	0	106,720.	16,834.	543,573.	.000,69
(3) Bill Pappas	<u> </u>	0	0.	0.	0	0		0
4	Ξ	159,507.	14,800.	0	39,329.	17,146.	230,78	14,800.
(4) Brian Bedard	Θ		0	0.	0	0		0
Executive Director	Ξ	206,603.	0	0.	35,988.	1,002.	243,593.	0
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432112				L			Schedu	Schedule J (Form 990) 2014

432112 10-13-14

Schedule J (Form 990) 2014

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.

Officers of the Foundation were compensated directly by the Grocery The Foundation did not directly Manufacturers Association (GMA). Part I, Line 1b:

The Foundation reimbursed GMA for the time of

compensate any individuals.

of the Foundation's Executive Director's time.

GMA employees spent directly on Foundation activities, which included 1008

Part I, Line 4b:

a supporting organization, has a 457(f) Plan for its President and CEO who The Grocery Manufacturers Association (GMA), to which the Foundation is serves on the Board of the Foundation.

The contribution of GMA to this

Plan in 2014, in accordance with the employment contract between GMA and

its President and CEO and as approved by the compensation committee of the

Board of Directors of GMA, was \$449,300.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information shout School 10 0 (Form 900 or 900-EZ)

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection Employer identification number

GMA Science and Education Foundation	52-2088235
Form 990, Part III, Line 1, Description of Organization N	Mission:
enhance the Grocery Manufacturers Association as a recogn	nized world
leader in food science and safety.	
Form 990, Part VI, Section A, line 3:	
The Foundation's operations are managed by its parent cor	mpany, the Grocery
Manufacturers Association, and all employees who spend to	ime on Foundation
activities are employees of the Grocery Manufacturers Ass	sociation.
Form 990, Part VI, Section A, line 6:	
Pursuant to the Foundation's governing documents, the so	le 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	y 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	on are subject to
approval by the Foundation's sole member, the Grocery Man	nufacturers
Association.	
Form 990, Part VI, Section A, line 8b:	<u> </u>
The Foundation has no established board committees. Acce	ordingly, this
question is not applicable but pursuant to the IRS instru	uctions, when this
line is not applicable, it is to be answered "no".	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	edule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Employer identification number 52-2088235

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 antitrust 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 2014 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

432212
Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization GMA Science and Education Foundation	Employer identification number 52-2088235
data and Form 990's. Specific to the President and CEO	of GMA, a salary
survey was obtained and the total compensation reviewed a	and approved by the
compensation committee of the Board of Directors. Compensation	nsation
recommendations for key employees are reviewed by an inde	ependent consultant
and GMA's CEO.	
Form 990, Part VI, Section C, Line 18:	
The Foundation makes its Federal Form 990 available upon	request.
Form 990, Part VI, Section C, Line 19:	
The Foundation will consider making its governing document	nts, 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	133,535.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	133,535.
Other consultants -scientific research and writing:	
Program service expenses	43,070.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	43,070.
Other consultants -business and strategic planning:	
Program service expenses	0.
492212	edule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization GMA Science and Education Foundation	Employer identification number 52-2088235
Management and general expenses	85,000.
Fundraising expenses	0.
Total expenses	85,000.
Total Other Fees on Form 990, Part IX, line 11g, Col A	261,605.
Form 990, Part XII, Line 2c	
Explanation: The Finance and Audit Committee of the Groot	cery
Manufacturers Association (GMA) is responsible for the approximation	oproval of the
independent public accounting firm who conducts the consc	olidated
financial statement audit of GMA which includes the Found	dation, and for
the approval of the consolidated audited financial statem	ments. This
process is unchanged from the prior year.	
Form 990, Part IX, Column D	
Explanation: Paid consultants and contractors of the GMA	A Science and
Education Foundation did not expend significant effort fo	or the
solicitation of contributions during the year ended Decem	nber 31, 2014,
nor did the Foundation incur other significant costs spec	cific to
fundraising during the year ended December 31, 2014. As	reported in
Schedule A of this Form 990, the GMA Science and Education	on Foundation
was incorporated as a supporting organization to the Groot	cery
Manufacturers Association under Internal Revenue Code Sec	ction
509(a)(3). The Foundation's contribution income in 2014	was
predominately from the members of the Grocery Manufacture	ers Association
without specific fundraising efforts by the Foundation.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

52-2088235

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Parti

GMA Science and Education Foundation

Name of the organization Department of the Treasury Internal Revenue Service

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

	2(b)(13) led ?	S S		×				
	Section 512(b)(13) controlled	Yes						_
	(f) Direct controlling entity	•						
	(e) Public charity status (if section	501(c)(3))						
	(d) Exempt Code			501(c)(6)				
	(c) Legal domicile (state or			Delaware				
	(b) Primary activity		GMA represents the world's leading food, beverage &	consumer products co's,				
סוקמוווגמוסווא סחווווק ווופ ומא אפמי.	(a) Name, address, and EIN of related organization	,	Grocery Manufacturers Association (GMA) - 53-0114930, 1350 I Street, NW, Suite 300.	Washington, DC 20005				

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

Schedule R (Form 990) 2014

52-2088235

Page 2

GMA Science and Education Foundation Schedule R (Form 990) 2014

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

•										
(j) (k) General or Percentage managing ownership										
(j) eneral or anaging ertner?	Yes No	 		_						
(i) Code V-UBI Gamount in box	K-1 (Form 1065) Y								•	
(h) Disproportionate allocations?	S									
Orsprop alloca	Yes									
(g) Share of end-of-year	933613									
(f) Share of total income										
(e) Predominant income (related, unrelated, excluded from tax inder	sections 512-514)		;					·		
(d) Direct controlling entity										
(C) Legal domicile (state or	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(3)	ection 2(b)(13) htrolled	No No			 		_		 	
L.	9 6 9	Yes			 	 _				 _
3	Percentage 512(b)(13) ownership controlled entity?									
	Share of end-of-year									
E	Share of total income									
(e)	Type of entity (C corp, S corp, or trust)	OI SIGNA								
(p)	Direct controlling Type of entity Si entity (C corp. S corp.,									
(၁)	5	country)						*		-
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2014

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
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?	ions with one or more r	elated organizations listed	d in Parts II-IV?			l l
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity			19		×
b Gift, grant, or capital contribution to related organization(s)				₽		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)		:		1		×
f Dividends from related organization(s)				+		×
					\dagger	; ;
g Sale of assets to related organization(s)			: .	Đ	1	⋈
h Purchase of assets from related organization(s)	;			ŧ		×
i Exchange of assets with related organization(s)			:	Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				;-		×
k Lease of facilities, equipment, or other assets from related organization(s)		,		¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	rganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			Ē	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£	\vdash	×
o Shanng of paid employees with related organization(s)				1	×	
p Reimbursement paid to related organization(s) for expenses	•		. : :	đ	×	
q Reimbursement paid by related organization(s) for expenses	٠			10	×	
r Other transfer of cash or property to related organization(s)		,		÷	×	
s Other transfer of cash or property from related organization(s)				1s		×
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	n who must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) Grocery Manufacturers Association	W	214,300.	Fair value			
(2) Grocery Manufacturers Association	0	498,685	685.Fair value			
(3) Grocery Manufacturers Association	O	216,778.	Fair value			
(4)						
(5)						
(9)						
432143 08-14-14	43		Schedule B (Form 990) 201	R (Form	000	2

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

(a) Name, address, and EiN	(b) Primary activity	(c) Legal domicile	(d) (e) Areal Areal Predominant income parties sec	"	(g) Share of	(h) Dispropor- tionate	Code V-UBI	(j) General or managing	(k) Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514) Yes No	rotal income	end-of-year assets	Yes No	allocations? of Schedule K-1 partner? ownership	partner? Yes No	ownership
								1	
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				·					
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Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014 Supplemental Inform	GMA	Science	and	Education	Foundation	52-2088235 Page 5
Part VII	Supplemental Infor	mation					
	Provide additional informa			ostrono :	on Cobodulo D /occ	nata (ationa)	
	Provide additional informa	tiion ioi i	esponses to qu	62110112	on Schedule H (see I	ristructions).	
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Liaptop Acquired Acquired Method Life Life Light Method Life Light Method Meth		- &		
Description Date Method Life War Coss O Base Earl Bases Grant Date Coss O Base Earl Coss O Base Coss	Current Year Deduction	22	12 34.	
Description Description	Current Sec 179		0	
Description Description	Accumulated Depreciation		121.	
Description Date Method Life Lime Cost Of Bass Excit Bass Laptop 100113SL 5.00 16 1,140.	Basis For Depreciation	1,140.	1,212.	
Description Acquired Method Life Life Cost Of Easis Laptop 100113SL 5.00 16 1.140. Total 990 Page 10 O70114SL 5.00 16 1.212. Depr Depr 2.352.	Reduction In Basis		0	
Description Acquired Method Life Unadjusted Cost Of Basis Laptop 1001 3 SL 5.00 16 1,140	Bus % Excl			
Laptop 100113SL 5.00 1 * Total 990 Page 10 Depr	Unadjusted Cost Or Basis	1,140.	1,212.	
Description Date Life	N S	16	16	
Laptop 100113SL * Total 990 Page 10 Pepr	Life			
Depr	Method			
Depr	Date Acquired	100113	070114	
Asset O N	Description	Laptop	990 Page	
	Asset		· •	

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction