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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

15

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

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

Open to Public Inspection

| Content of organization | A 1 | OI LIN | 2015 Calendar year, or tax year beginning and the | enung | | |
|--|------|---------------------|---|--------------|------------------------------|-----------------------------|
| STOCEPT MAINTACTURER ASSOCIATION 53-0114930 53-0114 | В | Check if applicable | C Name of organization | | D Employer identific | eation number |
| Taxe-prompt status | | chang | e Grocery Manufacturers Association | | | |
| Number and streek (of v. Joseph and streek) Number and streek (o | | lchang | Doing business as | | 53-03 | 114930 |
| City or town, static or province, country, and zip or foreign postal code Washington, DC 20005 Finame and address of principal officerMs. Pamela Bailey Finame and address of principal officer and bailey Finame and address of principal officer and bailey Finame address. Address of principal officer and bailey Finame address of principal officer and bailey Finame address of principal officer and bailey Finame add | | Initial return | | | • | |
| Washincton DC 20005 However DC Washincton DC Washi | | ☐Final return | 1350 I Street, NW | 300 | (202 | <u>) 639-5900</u> |
| Mashington, DC 20005 Halp State of processor of pro | | termin | | | G Gross receipts \$ | 40,471,243. |
| Tax.exempt status Solici(s) X solicity Solicity X solicity | | Amen return | Washington, DC 20005 | | H(a) Is this a group re | turn |
| Tax-excempt status | | Application | F Name and address of principal officer:Ms. Pamela Bailey | | for subordinates | ? Yes X No |
| J Website: ► WWW. Gmaonline org Form of organization: X Corporation | | pendi | same as C above | | H(b) Are all subordinates in | cluded? Yes No |
| Reform of organization: | 1 | Tax-ex | empt status: 501(c)(3) _X 501(c) (6) ◀ (insert no.) 4947(a)(1) c | or 🔲 527 | If "No," attach a | list. (see instructions) |
| Reform of organization: | J | Websi | te: ▶ www.gmaonline.org | | H(c) Group exemption | n number |
| Bertity Summary | | | | L Year | of formation: 1909 M | State of legal domicile: DE |
| Leading food, beverage and consumer products companies. | | | | | | |
| Leading food, beverage and consumer products companies. | _ | 1 | Briefly describe the organization's mission or most significant activities: GMA | repres | ents the wo | rld's |
| Source S | õ | | | | | |
| Solution | rua | 2 | | | | sets. |
| Solution | Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3_ | 52 |
| Solution | Ğ | 4 | | | 4 | 52 |
| Source S | SS | 5 | | | | 106 |
| Source S | ijį | 6 | | VED | 6 | 0 |
| Solution | ; ;€ | 7 a | | VLU | 7a | 134,224. |
| Second Contributions and grants (Part VIII, line 1h) Second Contributions and grants (Part VIII, line 2g) Second Contributions and grants (Part VIII, line 2g) Second Contributions and grants (Part VIII, line 2g) Second Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) Second Contributions | ⋖ | 1 | , , , , , , , , , , , , , , , , , , , | • • | (V) 7b | 107,144. |
| 8 Sontributions and grants (Part VIII, line 1b) Sontributions and grants (Part VIII, line 2g) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Sontributions and grants (Part VIII, column (A), lines 3, 4, and 7d) Sontributions and grants (Part VIII, column (A), lines 3, 4, and 7d) Sontributions and grants (Part IXI, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1, 159, 133, 1, 362, 311, 1, 2 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1, 159, 133, 1, 362, 311, 1, 2 Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 44, 642, 170, 38, 346, 976, 136, 276, 38, 314, 207, 147, 38, 346, 976, 137, 277, 38, 346, 976, 138, 346, 976, 139, 277, 38, 346, 976, 148, 277, 38, 346, 976, 148, 277, 38, 346, 976, 149, 149, 159, 141, 149, 141, 1 | | | → MAY 2 3 | 2016 | | Current Year |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 41) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labelities (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 16) 24 Total labelities (Part X, line 16) 25 Total assets (Part X, line 16) 26 Total assets (Part X, line 16) 27 Total assets (Part X, line 16) 28 Total assets (Part X, line 16) 29 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total labelities (Part X, line 26) 22 Total assets (Part X, line 16) 23 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total labelities (Part X, line 16) 22 Total labelities (Part X, line 16) 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total labelities (Part X, line 16) 25 Total fundamental line (Part X, line 16) 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total labelities (Part X, line 16) 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 16) 20 Total fundamental line | • | 8 | Contributions and grants (Part VIII, line 1h) | | C1,187,247. | 1,084,207. |
| 1 Other revenue (Part VIII, column (A), lines 5, 50, 8c, 9c, 10c, and 11e) | ĕ | 9 | | 1 117 | | |
| 1 Other revenue (Part VIII, column (A), lines 5, 50, 8c, 9c, 10c, and 11e) | ķ | 10 | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 44 4, 642, 170 . 38, 346, 976 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 924, 618 . 821, 120 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16, 047, 419 . 15, 914, 192 . 15 Baroles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 0 . 0 . 0 . 16 Brofessional fundraising fees (Part IX, column (D), line 11e) 0 . 0 . 0 . 0 . 17 Other expenses (Part IX, column (D), line 25) 0 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 287, 103 . 32, 340 . 19 Revenue less expenses. Subtract line 18 from line 12 287, 103 . 32, 340 . 20 Total liabilities (Part X, line 26) 287, 103 . 32, 340 . 21 Total liabilities (Part X, line 26) 27, 383, 030 . 21, 579, 324 . 22 Net assets or fund balances. Subtract line 21 from line 20 28, 48, 069, 416 . 50, 546, 012 . 23 Total liabilities (Part X, line 26) 17, 808, 059 . 24, 809, 598 . 24 Total liabilities (Part X, line 26) 17, 808, 059 . 24, 809, 598 . 25 Signature Block 17, 808, 059 . 24, 809, 598 . 26 Signature Block 18, 18, 18, 18, 18, 18, 18, 18, 18, 18, | æ | 11 | | ··· '' | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 924,618. 821,120. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16, 047, 419. 15, 914,192. 15 Galaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16, 047, 419. 15, 914, 192. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 25) 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27, 383, 030. 21, 579, 324. 18 Total expenses. Subtract line 18 from line 12 287, 103. 32, 340. 19 Revenue less expenses. Subtract line 18 from line 12 287, 103. 32, 340. 19 Subtract IX, line 26) 21 Total labilities (Part X, line 26) 17, 808, 059. 24, 809, 598. 21 Total labilities (Part X, line 26) 17, 808, 059. 24, 809, 598. 22 Net assets or fund balances. Subtract line 21 from line 20 30, 261, 357. 25, 736, 414. Part II Signature Block Signature Block Signature of officer Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Preparer signature Prep | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16, 047, 419 15, 914, 192 162 164, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 162 164, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 419 15, 914, 192 165, 047, 192 17, | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16, 047, 419. 15, 914, 192. | | 1 | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 | (O | | • | | | |
| 17 Other expenses (Part X, Column (A), Ine 216 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), Ine 25) 44,355,067. 38,314,636. 19 Revenue less expenses. Subtract line 18 from line 12 287,103. 32,340. 32,340. 288 287,103. 32,340. 32,340. 20 Total assets (Part X, line 16) 48,069,416. 50,546,012. 21 Total liabilities (Part X, line 26) 17,808,059. 24,809,598. 22 Net assets or fund balances. Subtract line 21 from line 20 30,261,357. 25,736,414. | Ş | 162 | | | | |
| 17 Other expenses (Part X, Column (A), Ine 216 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), Ine 25) 44,355,067. 38,314,636. 19 Revenue less expenses. Subtract line 18 from line 12 287,103. 32,340. 32,340. 288 287,103. 32,340. 32,340. 20 Total assets (Part X, line 16) 48,069,416. 50,546,012. 21 Total liabilities (Part X, line 26) 17,808,059. 24,809,598. 22 Net assets or fund balances. Subtract line 21 from line 20 30,261,357. 25,736,414. | per | h | _ : | 0. | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 287, 103. 32, 340. Beginning of Current Year End of Year 48, 069, 416. 50, 546, 012. 17, 808, 059. 24, 809, 598. 21 Total liabilities (Part X, line 26) 17, 808, 059. 24, 809, 598. 22 Net assets or fund balances. Subtract line 21 from line 20 30, 261, 357. 25, 736, 414. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Primt/Type preparer's name Primton Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Primty preparer's name Primty preparer's name Primty preparer's name Primty preparer's name Primty preparer's name Primty primty primty preparer's name Primty p | ŭ | 17 | - · · · · · · · · · · · · · · · · · · · | | 27.383.030. | 21.579.324. |
| 19 Revenue less expenses. Subtract line 18 from line 12 287,103. 32,340. | | | | | | |
| Beginning of Current Year End of Year 48,069,416.50,546,012. 17,808,059.24,809,598. 17,808,059.24,809,598. 17,808,059.24,809,598. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pregarer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Thomas J. Raffa Preparer Use Only Firm's address 1899 L. Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Thomas J. Raffa Preparer Use Only Firm's name Raffa, P.C. Firm's eddress 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | 20,0 | | | Ве | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Thomas J. Raffa Preparer Use Only Firm's name Raffa, P.C. Firm's eddress 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | ets | 20 | Total assets (Part X. line 16) | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Thomas J. Raffa Preparer Use Only Firm's name Raffa, P.C. Firm's eddress 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | ASS | 21 | | - | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Thomas J. Raffa Preparer Use Only Firm's name Raffa, P.C. Firm's eddress 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | E Se | 22 | | · | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Pr | P | art II | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Firm's name Raffa, P.C. Firm's elif-employed Firm's EIN 52-1511275 Washington, DC 20036 Phone no. (202) 822-5000 | | | <u> </u> | s and statem | nents, and to the best of my | knowledge and belief, it is |
| Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Firm's name Raffa, P.C. Firm's address 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | | | | | | , , , |
| Sign Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Preparer Thomas J. Raffa Preparer Use Only Firm's name Raffa, P.C. Firm's address 1899 L Street, NW, Suite 850 Washington, DC 20036 Point Print/Type preparer's signature Date Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's name Print/T | | ,, ,,,,,,, | Along Pallonda | r r | | > |
| Here Mr. Steve McCroddan, Sr. VP, CFO, CAO Type or print name and title Print/Type preparer's name Paid Phomas J. Raffa Preparer Firm's name Raffa, P.C. Firm's address 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | Sic | ın | Signature of officer | | Date | |
| Print/Type preparer's name Print/Type preparer's name Paid Preparer Prim's name Raffa, P.C. Firm's address 1899 L Street, NW, Suite 850 Washington, DC 20036 Point Type or print name and title Print/Type preparer's name Print/Type preparer's na | | | Mr. Steve McCroddan, Sr. VP, CFO, CAO | | | |
| Preparer Use Only Firm's address Nashington, DC 20036 Firm's name Raffa, P.C. Firm's name Raffa, P.C. Firm's elN 52-1511275 Phone no. (202) 822-5000 | | | | | | |
| Preparer Use Only Firm's address Nashington, DC 20036 Firm's name Raffa, P.C. Firm's name Raffa, P.C. Firm's elN 52-1511275 Phone no. (202) 822-5000 | | | Print/Type preparer's name Preparer's signature A | | Dates / Check | PTIN |
| Preparer Use Only Firm's address Nashington, DC 20036 Firm's name Raffa, P.C. Firm's name Raffa, P.C. Firm's elN 52-1511275 Phone no. (202) 822-5000 | Pai | d | | <u> </u> | ク/バ/ブバ if self-emolove | P00916458 |
| Use Only Firm's address 1899 L Street, NW, Suite 850 Washington, DC 20036 Phone no. (202) 822-5000 | | | | | · | |
| Washington, DC 20036 Phone no. (202) 822-5000 | | • | | | 7.3111 0 4111 | |
| | | | | | Phone no. (2 | 02) 822-5000 |
| | Ma | v the ! | | | 11.110.1101.12 | |

| | | - | Yes | No |
|-----|--|-----------|----------|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | x |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | х | |
| 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 | | |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | _8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | _10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | _11e | X | |
| Т | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 77 | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | <u> </u> | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 40 | | 37 |
| h | | 12a | | X |
| U | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 40L | v | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | X | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 144 | | - 47 |
| ~ | 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 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _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 | | X |

| | | _ | | |
|----------|--|-----------|-----|----------|
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 37 | |
| 00 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | _X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 00 | | х |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | _23 | 21 | |
| 270 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | х |
| 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 | | | |
| Ĭ | any tax-exempt bonds? | 24c | | |
| d | = 111 the state of | 24d | | |
| 25a | and the second of the second o | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 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 | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X_ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions). | | | 7.7 |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u>X</u> |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | v |
| 20 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | - 50 | | |
| 01 | If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | - | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | _35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | į | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 77 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38_ | X | (2015) |

| Par | Check if Schedule O contains a response or note to any line in this Part V | _ | | |
|-----|---|-----|----------|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 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 106 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 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 O | 3b | <u>X</u> | |
| 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 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? | 5b_ | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | <u> </u> | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | _6b | <u> </u> | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | _7e | | ļ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f_ | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | _7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | _ 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | _9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | i | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a | Gross income from members or shareholders | | | |
| b | amounts due or respired from them) | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ļ | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 124 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note. See the instructions for additional information the organization must report on Schedule O. | .ua | | l |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| _ | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Form 990 (2015) Grocery Manufacturers Association 53-0114930 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 52 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 52 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? X 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? X Яh 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? \dots 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. _ Own website ___ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

20005

Bill Pappas, VP & Controller - (202) 639-5900 <u> 1350 I Street NW, Suite #300, Washington, DC</u>

| Form 990 (2015) | Grocery | Manufacturers | Assoc | iation! |
|-----------------|---------|---------------|-------|---------|

<u>53-01149</u>30

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| Check this box if neither the organization r | (B) | - | (C) | | | | | (D) | (E) | (F) |
|--|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and Title | Average | (do | | Pos | | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | ıs bot | h an | compensation | compensation | amount of |
| | week | - | ceran | dad | recto | or/trus | (66) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | 9 | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | Individual trustee or director | Institutional trustee | ĺ | 96 | mper | | (** 2/ 1000 141100) | | and related |
| | below | dual | negn | <u> </u> | 읥 | est co oyee | er | | | organizations |
| | line) | ğ | Insti | Officer | Key employee | Highest compensated employee | Former | | | _ |
| (1) J.P. Bilbrey, The Hershey Co. | 2.00 | | | | | | | | | |
| Chair | | X | | X | | | | 0. | 0. | 0. |
| (2) William Cyr, Sunny Delight | 1.00 | 1 | | | | | | | | |
| Beverage Co.; Treasurer/Secretary | | X | | X | | ļ | | 0. | 0. | 0. |
| (3) Salman Amin, S.C. Johnson & | 1.00 | | | | | | | | | |
| Son, Inc.; Director | | X | _ | | | | | 0. | 0. | 0. |
| (4) Jeffrey Ansell, The Sun | 1.00 | | | | | | | | | |
| Products Corp.: Director | | X | | | | | | 0. | 0. | 0, |
| (5) Rob Aukerman, Elanco | 1.00 |] | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0 |
| (6) Todd Bastean, Bunge North Am., | 1.00 | | | | | | | | | |
| Inc.; Director | | X | | | | | | 0. | 0. | 0 . |
| (7) Roger Bird, Abbott Nutrition | 1.00 | | | | | | | | | - |
| Director | | X | | | | | | 0. | 0. | 0 . |
| (8) James C. Borel, DuPont | 1.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (9) John Bryant, Kellogg Co. | 1.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (10) Andy Callahan, Tyson Foods, | 1.00 | | | | | | | | | |
| Inc.; Director | | X | | | | | | 0. | 0. | 0 |
| (11) Mark Clouse, Mondelez | 1.00 | | | | | | | | | |
| Internat'l, Inc.; Director | | X | | | | | | 0. | 0. | 0 |
| (12) Sean Connolly, ConAgra Foods | 1.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0 . |
| (13) David Darragh, Reily Foods | 1.00 | | | | | | | | | |
| Co.; Director | | X | | | | | | 0. | 0. | 0. |
| (14) Benno Dorer, The Clorox Co. | 1.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0 . |
| (15) J. Alexander Douglas, Jr., The | 1.00 | | | | | | | | | • |
| Coca-Cola Co.; Director | | X | | | | | | 0. | 0. | 0. |
| (16) Stanley K. Dunbar, Moody | 1.00 | | | | | | | | | |
| Dunbar, Inc.; Director | | X | | | | | | 0. | 0. | 0. |
| (17) James E. Dwyer, Michael Foods, | 1.00 | | | | | | | | | |
| Inc.: Director | <u></u> | Х | | | | | | 0. | 0. | 0. |
| 532007 12-16-15 | | | | | | | | | | Form 990 (2015 |

| Form 990 (2015) Grocery | <u>Manufact</u> | tui | <u>ce</u> 1 | <u>cs</u> | A | <u> 380</u> | <u> </u> | <u>iation</u> | <u>53-0114</u> | <u>930</u> | P | age 8 |
|--|--|--------------------------------|-----------------------|-----------|--------------|------------------------------|-------------|--|--------------------------------------|------------------|---|------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | compensated Employed | es (continued) | | | |
| ` (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per week | box | not c , unle | ss pe | more rson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | an | stimate nount other | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W·2/1099-MISC) | organizations (W-2/1099-MISC) | fr org and | ipensa rom the anizat d relat anizati | e tion ted |
| (18) Gregg L. Engles, WhiteWave | 1.00 | [| | | | | | | | | | |
| Foods Co.; Director | | X | | | | | | 0. | 0. | | | 0. |
| (19) Jeffrey M. Ettinger, Hormel Foods Corp.; Director | 1.00 | X | | | | | | 0. | 0. | | | 0. |
| (20) Tom Ferriter, Bush Brothers | 1.00 | | | | | | | | | | | |
| & Co.; Director | | X | | | | | | 0. | 0. | | | 0. |
| (21) C.J. Fraleigh, Shearer's Foods, Inc.; Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| (22) Robert Gamgort, Pinnacle Foods, Inc.; Director | 1.00 | x | | | | | | 0. | 0. | | | 0. |
| (23) Chad M. Geise, Furmano Foods Director | 1.00 | Х | | | | | | 0. | 0. | | | 0. |
| (24) William G. Gisel, Jr., Rich Products Corp.; Director | 1.00 | х | | | | | | 0. | 0. | | | 0. |
| (25) Hugh Grant, Monsanto Co. | 1.00 | х | | | | | | 0. | 0. | | | 0. |
| (26) Thomas Greco, PepsiCo., Inc. Director | 1.00 | х | | | | | | 0. | 0. | | | 0. |
| 1b Sub-total . | | | | | | | ▶ | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | > | 6,143,631. | 0. | | | 85. |
| d_Total (add lines 1b and 1c) | | | | | | | <u> </u> | 6,143,631. | 0. | 19 | <u>835</u> | <u>85.</u> |
| Total number of individuals (including but r compensation from the organization | ot limited to th | ose | liste | ed al | oove | e) wł | no re | eceived more than \$100 | ,000 of reportable | | | 41 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | ıstee | e, ke | y en | nplo | yee, | or l | highest compensated er | mployee on | 3 | | x |
| 4 For any individual listed on line 1s, is the or | ım of roportabl | 10.00 | mn | | + | | | ar componentian from t | | | | |

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|----------------------------------|---------------------|
| | <u> </u> | Compensation |
| FP1 Public Affairs, LLC, 1826 Jefferson | Consulting/Adv. & | : |
| Place, NW, Washington, DC 20036 | Strategic Planning | 5,031,708. |
| Hogan & Lovells US LLP | | |
| 555 13th Street, NW, Washington, DC 20004 | Legal counsel | 1,597,421. |
| Wiley Rein LLP | | |
| 1776 K Street, NW, Washington, DC 20006 | Legal counsel | 670,348. |
| Hyman, Phelps & McNamara, P.C., 700 13th | | |
| St., NW, Suite 1200, Washington, DC 20005 | Legal counsel | 626,714. |
| FP1 Digital, LLC, 1826 Jefferson Place, | Consulting/Adv. & | |
| NW, Washington, DC 20036 | Strategic Planning | 523,339. |
| 2 Total number of independent contractors (including but not limited to those liste | ed above) who received more than | |
| \$100,000 of compensation from the organization | | |

| Form 990 Grocery 1 | | | | | | | | | 53-011 | <u>4930 </u> |
|--|-------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|--------------|--------------------|----------------------------------|---|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | nd l | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | ļ | | Pos | ition | ı | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all | that | арр | ly) | compensation | compensation | amount of |
| | per | | | ŀ | | | 1 | from | from related | other |
| | week (list any | ğ | | l | | ploye | - | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | direc | | ŀ | | E g | | (W-2/1099-MISC) | (***271099****100) | organization |
| | related | ie o | stee | | | ansate | | (** 2. 100000) | | and related |
| | organizations | T Tas | la Et | | oyee | d mo | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | हु | Key employee | Highest compensated employee | Former | | | |
| | line) | 르 | 噩 | Officer | <u>ş</u> | 呈 | چَ | | | |
| (27) David Greenberg, L'Oreal, Inc. | 1.00 | | | | 1 | l | | | | |
| Director | | X | | | ļ | | | 0. | 0. | 0. |
| (28) Paul Grimwood, Nestle USA, Inc. | 1.00 | | | | | | | | | |
| Director | | X | | | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (29) Kenneth E. Guise, Jr.; Knouse | 1.00 | | | | | | ĺ | | _ | _ |
| Foods Cooperative, Inc.; Director | | X | | | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (30) James B. Hannan, Georgia- | 1.00 | | | | | | | | | |
| Pacific LLC; Director | | X | | L | | _ | <u> </u> | 0. | 0. | 0. |
| (31) Tim Hassinger, Dow Agro | 1.00 | | | | | | | | _ | _ |
| Sciences; Director | | X | <u> </u> | | <u> </u> | | | 0. | 0. | 0. |
| (32) Melanie L. Healey, The Procter | 1.00 | | | | | | | | | |
| & Gamble Co.; Director | | X | | | | | <u> </u> | 0. | 0. | 0. |
| (33) Bradley C. Irwin, Welch Foods, | 1.00 | | | | | | | | | |
| Inc.; Director | 4 - 00 | X | <u> </u> | | | ├ | - | 0. | 0. | 0. |
| (34) Kenneth C. Keller, Mars, Inc. | 1.00 | | | | | | | | | |
| Director | 1 00 | X | _ | | - | | | 0. | 0. | 0. |
| (35) Brian P. Kelley, Keurig Green | 1.00 | ,, | l | | | | | | | _ |
| Mountain; Director | 1 00 | X | ┝ | | ├ | ├ | ┼ | 0. | 0. | 0. |
| (36) Donald Knauss, The Clorox Co. | 1.00 | X | | | | | | 0. | 0. | 0. |
| Director | 1 00 | ^ | 1 | | | | | 0. | 0. | · · |
| (37) Kees Kruythoff, Unilever | 1.00 | x | | | | | | 0. | 0. | 0. |
| Director Canada and Ca | 1.00 | ^ | | - | - | - | ┢ | 0. | | |
| (38) Christopher D. Lischewski | | X | | | | | | 0. | 0. | 0. |
| Bumble Bee Foods, LLC; Director | 1.00 | | ╁ | ┢ | \vdash | \vdash | ╁ | <u> </u> | 0. | • |
| (39) Nils Lommerin, Del Monte | 1.00 | X | | | | | | 0. | 0. | 0. |
| Foods; Director (40) Roberto Marques, Mondelez | 1.00 | | | | | 1 | ╁ | | | <u> </u> |
| Internat'l Inc.; Director | 1100 | X | | | | | | 0. | 0. | 0. |
| (41) Mark McNeil, Lassonde Pappas & | 1.00 | 2. | | - | <u> </u> | | | | | • |
| Co., Inc.; Director | | X | | | | | | 0. | 0. | 0. |
| (42) Apu Mody, Mars, Inc. | 1.00 | | | | | | | | | |
| Director | | x | | | | | | 0. | 0. | 0. |
| (43) John S. Morgan, Morgan Foods, | 1.00 | | | | | | | | | |
| Inc.; Director | | x | | | | | | 0. | 0. | 0. |
| (44) Denise M. Morrison, Campbell | 1.00 | T | Г | | | | | | | |
| Soup Co.; Director | | x | | | | | | 0. | 0. | 0. |
| (45) Gregory R. Page, Cargill, | 1.00 | | | | | | | | | |
| Inc.; Director | | X | L | | | | | 0. | 0. | 0. |
| (46) Randy C. Papadellis, Ocean | 1.00 |] | 1 | | | | | | | |
| Spray Cranberries Inc.: Director | | X | <u> </u> | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | <u>L.</u> | | |
| | | | | | | | | | | |

| Form 990 Grocery | Manufac | tu: | rei | rs | A: | 3 <u>8</u> (| oc: | iation | <u>53-011</u> | <u>4930</u> |
|--|-------------------|--------------------------------|---------|----------|--------------|------------------------------|------------|--------------------|-----------------|---------------------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Key E | mple | oyee | es, a | nd l | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
| Name and title | Average | i | | Pos | ition |) | | Reportable | Reportable | Estimated |
| | hours | (c | heck | call t | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | oyee | | the | organizations | compensation |
| | (list any | irect | | | | E | | organization | (W-2/1099-MISC) | from the |
| | hours for related | 90 | tee | | | sated | | (W-2/1099-MISC) | | organization |
| | organizations | truste | al trus | | yee | mpeu | | | | and related organizations |
| | below | Individual trustee or director | ution | <u>.</u> | Key employee | Highest compensated employee | 5 5 | | 11 | organizations |
| | line) | 휼 | Inst | Officer | Key | 를 | Former | | | |
| (47) Fred Penny, Bimbo Bakeries | 1.00 | | | | | | | | | |
| USA; Director | | X | | | | | | 0. | 0. | 0. |
| (48) Christopher J. Policinski | 1.00 | | | | _ | | | | | |
| Land O'Lakes, Inc.; Director | | X | | | | | | 0. | 0. | 0. |
| (49) C. Larry Pope, Smithfield | 1.00 | | | | | | | | | |
| Foods, Inc.; Director | | X | | | | | | 0. | 0. | 0. |
| (50) Kendall J. Powell, General | 1.00 | | | | | | | | | |
| Mills, Inc.; Director | | X | | Ш | | | | 0. | 0. | 0. |
| (51) Gary M. Rodkin; ConAgra Foods | 1.00 | | | | | | | | | |
| Director | | X | | | | _ | | 0. | 0. | 0. |
| (52) Allen L. Shiver, Flowers | 1.00 | | | | | | | | | |
| Foods, Inc.; Director | 1 00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| (53) P. Justin Skala, Colgate- | 1.00 | | | | | | | | • | |
| Palmolive Co.; Director | 1 00 | X | | | | - | | 0. | 0. | 0. |
| (54) Richard K. Smucker, The J.M. | 1.00 | ₹. | | | | ľ | | _ | 0 | |
| Smucker Co,; Director | 1 00 | X | | | | | | 0. | 0. | 0. |
| (55) Carolyn M. Tastad, The Procter | 1.00 | x | | | | | | 0. | 0. | 0. |
| & Gamble Co,; Director | 1.00 | Λ | | \vdash | | | | 0. | | 0. |
| (56) Alan D. Wilson, McCormick & Co.; Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (57) David J. Yanda, Lakeside | 1.00 | | | | | \vdash | - | | | |
| Foods, Inc.; Director | | х | | | | | | 0. | 0. | 0. |
| (58) Pamela Bailey | 37.50 | | | | | \vdash | | | | |
| President & CEO | | | | x | | | | 1,748,545. | 0. | 907,888. |
| (59) Steve McCroddan | 37.50 | | | | | | | | | |
| Senior VP_ CFO_ CAO | | 1 | | х | | | | 339,842. | 0. | 111,398. |
| (60) Jim Flannery, Sr. Exec. VP- | 37.50 | | | | | | | - | | |
| Operations & Industry Collaboration | | | | | X | | | 824,968. | 0. | 127,991. |
| (61) Mary Sophos | 37.50 | | | | | | | | | |
| Exec. VP-Policy/Strategic Planning | | _ | | | X | | | 474,645. | 0. | 117,171. |
| (62) Leon Bruner, Exec. VP - | 37.50 | | | | | | | | | : |
| Scientific & Regulatory Affairs | | | | | X | | | 434,092. | 0. | 128,312. |
| (63) Sean Darragh | 37.50 | l | | | | | | | | |
| Exec, VP-Global Strategies | | | | | X | | | 411,652. | 0. | 15,121. |
| (64) Denzel McGuire | 37.50 | | | | | | | 250 541 | _ | 400 455 |
| Exec, VP-Gov't Affairs | 27 50 | <u> </u> | | | X | | | 358,544. | 0. | 122,466. |
| (65) Roger Lowe | 37.50 | l | | | | | | 056 000 | | 68 486 |
| Exec, VP-Strategic Communications | 27 50 | | | \sqcup | Х | | | 256,233. | 0. | 67,476. |
| (66) Michael Gruber | 37.50 | | | | | , , | | 005 005 | _ | 01 01 4 |
| Senior VP-Federal Affairs | ! | <u> </u> | | | | X | L | 295,225. | 0. | 81,814. |
| Total to Dart VIII. Section A. Iras 4. | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | ! | | | |
| | | | | | | | | | | |

| art VII Section A. Officers, Directors, T (A) Name and title | rustees, Key Er (B) Average | mplo | | s, ar (C | | ligh | est | Compensated Employ (D) | ees (continued) (E) | (F) |
|--|---|------------------|-----------------------|---------------|--------------|------------------------------|----------|--|--|---|
| | I | | | (C |) | | | l (D) | (F) | /F\ |
| | hours | (cl | | Posi all t | tion | | lv) | Reportable compensation | Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| 7) Carla Mitchell | 37.50 | ļ | | | | | | | _ | |
| nior VP-Human Resources | | <u> </u> | | | | X | | 273,742. | 0. | 100,771 |
| 8) Karin Moore | 37.50 | - | | | | | | 050 444 | • | 100 000 |
| nior VP & General Counsel | 27 50 | ├ | _ | | | X | | 258,444. | 0. | 107,975 |
| 9) Robert Burns | 37.50 | \cdot | | | | х | | 247 052 | 0. | 64 405 |
| -Health & Nutrition Policy | 37.50 | ┼─ | | H | - | ^ | | 247,953. | U. | 64,405 |
| 0) Brian Bedard ec_Dir, of GMA's Foundation | 37.30 | 1 | | | | x | | 219,746. | 0. | 30,797 |
| ec, Dir, or day a roundacton | | | | | | | | 225/1300 | | |
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Grocery Manufacturers Association Form 990 (2045) 53-0114930 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,084,207 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 1,084,207. Business Code 2 a Membership dues 900099 Program Service Revenue 19,659,104. 19,659,104 Project funding 900099 12,160,149 12,160,149 Conf's/conventions 900099 2,649,439 2,649,439 Publications 900099 141,302, 141,302. All other program service revenue g Total. Add lines 2a-2f 34,609,994, Investment income (including dividends, interest, and other similar amounts) 799,330 799,330. Income from investment of tax-exempt bond proceeds 48,291. 48,291. 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (ı) Securities (ii) Other 2,615,401. assets other than inventory b Less cost or other basis and sales expenses 2,124,267. c Gain or (loss) 491,134, d Net gain or (loss) 491,134. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Prof. services & other exp. reimb's 900099 753,777 753,777 Pass through inc. from invest, partnerships 900099 399,591. 399,591, Advertising 541800 133,841. 133,841

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

900099 &

900004

26,811.

1,314,020.

38,346,976.

26,428.

35,390,199.

383

134,224.

| Sect | on 501(c)(3) and 501(c)(4) organizations must com | | | omplete column (A). | . —— |
|------|--|------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 821,120. | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 5,235,330. | - | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 8,195,450. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 652,072. | | | |
| 9 | Other employee benefits | 1,154,663. | | ļ | |
| 10 | Payroll taxes | 676,677. | == | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | ļl | |
| b | Legal | 2,271,845. | | | |
| C | Accounting | 73,461. | - | | |
| d | Lobbying | 6,161,731. | | | |
| е | Professional fundraising services. See Part IV, line 17 | 207 206 | | | |
| f | Investment management fees | 227,386. | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 2 062 100 | | 1 | |
| | column (A) amount, list line 11g expenses on Sch O.) | 3,063,102. | | | |
| 12 | Advertising and promotion | 3,092,351. | | | · · · |
| 13 | Office expenses | 392,057. | | | |
| 14 | Information technology | 230,210. | | | |
| 15 | Royalties | 2 271 472 | | | |
| 16 | Occupancy | 2,271,472. 675,077. | | | |
| 17 | Travel | 075,077. | | | . |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,087,191. | | | |
| 20 | Interest | 2,00,,1010 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 452,979. | | | |
| 23 | Insurance | 121,727. | | | |
| 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 | Dues | 177,060. | | | |
| b | Lab supplies | 51,923. | | | |
| С | Bad debt | 40,226. | | | |
| d | Provision for UBI exp. | 34,652. | | | |
| е | All other expenses | 154,874. | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 38,314,636. | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here I If following SOP 98-2 (ASC 958-720) | I | | 1 | |

Form 990 (2015)
Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|----------|---|--------------------------|-------------|------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | • | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,030,731. | 1 | 1,112,149. |
| | 2 | Savings and temporary cash investments | 13,617,223. | 2 | 17,906,048. |
| | 3 | Pledges and grants receivable, net | - | 3 | |
| | 4 | Accounts receivable, net | 616,662. | 4 | 460,991. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | 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 | | | |
| G | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 461,395. | 9 | 652,892. |
| | _ | Land, buildings, and equipment: cost or other | 101/050 | | 032/0321 |
| | | basis. Complete Part VI of Schedule D 10a 8,516,130. | | | |
| | ь | Less: accumulated depreciation 10b 7,304,972. | 1,553,397. | 10c | 1,211,158. |
| | 11 | Investments - publicly traded securities | 2,886,531. | | 3,339,999. |
| | 12 | Investments - other securities. See Part IV, line 11 | 27,903,477. | | 25,862,775. |
| | 13 | Investments · program-related. See Part IV, line 11 | _ : 1 1 | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 48,069,416. | _16 | 50,546,012. |
| | 17 | Accounts payable and accrued expenses | 3,853,981. | 17 | 4,400,150. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 8,184,538. | 19 | 12,118,203. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| iab | | Complete Part II of Schedule L | | _22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X of | | | |
| | | Schedule D | 5,769,540. | 25 | 8,291,245. |
| | 26 | Total liabilities. Add lines 17 through 25 | 17,808,059. | 26 | 24,809,598. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and | | | |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | 20 064 255 | | 05 506 444 |
| <u>a</u> | 27 | Unrestricted net assets | 30,261,357. | 27 | 25,736,414. |
| Ва | 28 | Temporarily restricted net assets | | 28 | |
| pur | 29 | Permanently restricted net assets | | _29_ | |
| Ę | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| Ō | 20 | and complete lines 30 through 34. | | | |
| sets (| 30 | Capital stock or trust principal, or current funds | | 30 | |
| t As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | 30,261,357. | 32 33 | 25,736,414. |
| | 33 34 | Total liabilities and net assets/fund balances | 48,069,416. | 33 | 50,546,012. |
| | | Total Hawiinios and flot assocs/fund parafiles | <u> </u> | | Form 990 (2015) |

Form **990** (2015)

| | 990 (2015) Grocery Manufacturers Association | <u>53-01</u> | <u> 14930</u> | Pag | ge 12 |
|----|--|--------------|---------------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 38,34 | 6,9 | 76. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 38,31 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 40. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 30,26 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | <1,47 | 9,2 | 93. |
| 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 | <3,07 | 7,9 | <u>90.</u> : |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 25,73 | 6,4 | <u> 14.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u> </u> | |
| | | | | 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 | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | 1 |
| | 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 | _ <u>X</u> _ | |
| | if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | 1 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | j | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | _X_ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | ĺ |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | (0045) |
| | | | Form | 990 | (2015) |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

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

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

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

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

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

| Section 501(c)(4), (5), or (6) organizate | ons: Complete Part III | | | |
|---|---|--|---|---|
| Name of organization | | | Emplo | oyer identification number |
| Grocery | Manufacturers As | sociation | | <u>53-0114930</u> |
| Part I-A Complete if the org | anization is exempt unde | r section 501(c) o | r is a section 527 or | ganization. |
| Provide a description of the organiza Political expenditures Volunteer hours | ation's direct and indirect politica | | | |
| Part I-B Complete if the org | anization is exempt unde | r section 501(c)(3 |). | |
| 1 Enter the amount of any excise tax i 2 Enter the amount of any excise tax i 3 If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the org | ncurred by the organization unde ncurred by organization manager n 4955 tax, did it file Form 4720 fo | er section 4955 s under section 4955 or this year? | | ······································ |
| 1 Enter the amount directly expended | | | | |
| · · · · · · · · · · · · · · · · · · · | | | tion 527 ► \$ | |
| | | d on Form 1120-POL, | ▶\$ | |
| 4 Did the filing organization file Form 5 Enter the names, addresses and emmade payments. For each organizate contributions received that were propolitical action committee (PAC). If a | ployer identification number (EIN ion listed, enter the amount paid imptly and directly delivered to a | from the filing organiza separate political organ | tion's funds. Also enter th nization, such as a separat | e amount of political |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| GMA Political Action | 1350 I St. NW | | | |
| Committee | Wash., DC 20005 | 91-1981944 | | 19,169. |
| | | | | |

| Schedule C (Form 990 or 990-EZ) 2015 (Part II-A Complete if the org | <u>Proce</u> | ry Man on is exer | ufacturers npt under sectio | <u>Association</u> n 501(c)(3) and file | 53-0 d Form 5768 (e |)114930 Page 2 election under |
|--|--------------|---------------------------|--|--|--|----------------------------------|
| section 501(h)). | | | , | . , , , , | • | |
| A Check 🕨 🔲 if the filing organizat | ion belon | gs to an affi | lated group (and list in | Part IV each affiliated | group member's nan | ne, address, EIN, |
| expenses, and share | of exces | s lobbying | expenditures). | | | |
| B Check 🕨 🔲 ıf the fılıng organizat | ion check | ed box A ar | nd "limited control" pro | visions apply. | | |
| | | oying Exper leans amou | nditures ints paid or incurred.] | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ence pub | lıc opinion (| grass roots (obbying) | | | |
| b Total lobbying expenditures to influ | | | | | | |
| c Total lobbying expenditures (add lii | | _ | , (=====, 5, | | | |
| d Other exempt purpose expenditure | | · · | | [| - | |
| e Total exempt purpose expenditures | | | | | | |
| f Lobbying nontaxable amount. Ente | | | | h columns. | | |
| If the amount on line 1e, column (a) o | | | bying nontaxable am | | | |
| Not over \$500,000 | | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 | 0.000 | \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | | \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | _ | \$225,00 | 00 plus 5% of the exce | ss over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000, | 000. | | | |
| | | | | | | |
| g Grassroots nontaxable amount (en | ter 25% c | of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | or less, | enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | or less, e | nter -0- | | | | |
| j If there is an amount other than zer | o on eithe | er line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | | Yes No |
| (Some organizations the | | a section 5 | eraging Period Under 01(h) election do not ate instructions for li | have to complete all o | of the five columns | below. |
| | Lob | bying Expe | nditures During 4-Ye | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | |
| | | | | | | |
| c Total lobbying expenditures | | | | | | |
| | | <u></u> | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | 1 | | - |
| | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2015 Grocery Manufacturers Association 53-0114930 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description | (a) | | | (b) | |
|----------------------------|--|-------------|------------|------------------------------------|---|--|
| of the | e lobbying activity. | Yes | No | Amo | ount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | | |
| | or referendum, through the use of: | | | İ | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ; | | | | |
| i | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| Ç | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | <u> </u> | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 504(v) | on 501(c)(| (5), or se | ection | | |
| | 501(c)(6). | | | V | NI- | |
| _ | Mars as heterated in all (000) as mars and discount and advantable by mars in a | | <u> </u> | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | •• | 1 | | X | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | <u>X</u> | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c) (d), sectio | FO4/-\/ | 3 | X | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | "No," OF | | | ne 3, is | |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | "No," OF | (b) Par | t III-A, lin | | |
| 1 2 | answered "Yes." | | (b) Par | | | |
| | answered "Yes." Dues, assessments and similar amounts from members | | (b) Par | t III-A, lin | | |
| | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures). | | (b) Par | t III-A, lin | 1,769 | |
| | answered "Yes." Dues, assessments and similar amounts from members | | (b) Par | t III-A, lin | 1,769 1,386 | |
| 2 a | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year | | 1 2a 2b | 31,034 7,794 2,434 | 1,769 1,386 | |
| 2 a b | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year | | 2a 2b 2c | 7,794 2,434 | 1,769 1,386 1,720 | |
| a b c | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | | 2a 2b 2c | 31,034 7,794 2,434 | 1,769 1,386 1,720 | |
| a b c | answered "Yes." Dues, assessments and similar amounts from members | cal | 2a 2b 2c | 7,794 2,434 | 1,769 1,386 1,720 | |
| a b c | answered "Yes." Dues, assessments and similar amounts from members | cal | 2a 2b 2c | 7,794 2,434 | 1,769 1,386 1,720 | |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members | cal | 2a 2b 2c 3 | 7,794 2,434 | 1,769 1,386 1,720 1,106 1,737 | |
| 2 a b c 3 4 | Dues, assessments and similar amounts from members | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 | 1,769 1,386 1,720 1,106 1,737 | |
| 2 a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 0,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 0,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 1,737 | |
| a b c 3 4 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group) | cal | 2a 2b 2c 3 | 7,794 2,434 10,229 13,244 | 1,769 1,386 1,720 1,106 | |

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

Grocery Manufacturers Association 53-0114930 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes ĺΝο In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| | | Manuractu | | | | | or Sim | | 14930 | |
|------------|---|-------------------------|-------------|---------------------------|----------------|------------|-------------|----------------|--------------|--|
| | t III Organizations Maintaining C | | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | is, chec | k any of the | following tha | at are a s | significan | it use of its | collection i | tems |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | · 🖳 | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | e | | Other | | | | | | |
| С | Preservation for future generations | | | | _ | | | - - | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further t | he organizati | ion's exe | empt pur | pose in Pai | t XIII. | |
| 5 | During the year, did the organization solicit of | | | | | | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | Г | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | | | | "Yes" or | Form 9 | 90 Part IV | | 110 |
| | reported an amount on Form 990, Par | | 010 11 1110 | organizano | αποποισα | 100 01 | | 00, r art rv, | 1110 0, 01 | |
| 10 | Is the organization an agent, trustee, custod | | tian, for | contribution | as or other as | ecote no | tuncludo | d | | |
| Id | - · · · · · · · · · · · · · · · · · · · | | - | | | 35615110 | i iriciade | ` _ | Yes | |
| | on Form 990, Part X? | | | | | •• | | 🗀 | res | ∟ No |
| þ | If "Yes," explain the arrangement in Part XIII | and complete the to | ollowing . | table: | | | Γ | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | •••• | | | . <u>1c</u> | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | . <u>1e</u> | _ | | |
| f | Ending balance | | | | | | _ 1f | | | |
| 2 a | Did the organization include an amount on F | orm 990, Part X, line | 21, for | escrow or c | ustodial acco | ount liab | ılıty? | | Yes | ☐ No |
| _ b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | xplanatio | n has been | provided on | Part XII | i | | | |
| | t V Endowment Funds. Complete : | | | | | | | | | _ |
| | | (a) Current year | | rior year | (c) Two yea | | | e years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | 37 | | 14-7 | | 1-7: | |
| | Contributions | | | | <u> </u> | | | | <u> </u> | |
| D | Net investment earnings, gains, and losses | | | | | | | | | |
| C | O man an a shipton to ma | | | | ļ | | | | ļ | |
| a | Grants or scholarships | | - | | - | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs . | | | | ļ.—. | | | | | |
| f | Administrative expenses | | ļ | | ļ | | | | | |
| g | End of year balance | | <u> </u> | | | | | | <u> </u> | |
| 2 | Provide the estimated percentage of the cur- | rent year end baland | ce (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | — <u></u> | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | ation tha | at are held a | and administe | ered for t | the organ | nization | | |
| - | by: | | | | | | 0.94. | | [v | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 65 110 |
| | - | ••• | | • | | | | | | |
| | (ii) related organizations | | 6 | | •••• | | | • | 3a(ii) | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | · | • | •• | • | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | owment | funds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part I\ | /, line 11a. S | See Form 990 | 0, Part X | , line 10. | | | |
| | Description of property | (a) Cost or o | | (b) Cost | t or other | (c) A | ccumula | ıted | (d) Book v | value |
| | | basis (ınvestr | ment) | basis | (other) | de | preciation | n | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| | Leasehold improvements | | | 2,98 | 3,278. | 2. | 536, | 447. | 446 | ,831. |
| | Equipment | | | | 7,001. | | 476, | | | ,840. |
| | Other | | | | 5,851. | | | 364. | 213 | .487. |
| | . Add lines 1a through 1e. (Column (d) must e | gual Form 990 Part | X colur | | | | <u> </u> | | | ,158. |
| | , , ideioo ta anough to politim (a) most c | guar r orrir ood, r ure | - 1, 00101 | (<i>D)</i> , <i>m</i> 10 | | | | | | , , |

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | Deferred rent | 786,750. |
| (3) | Deferred lease benefit | 378,682. |
| (4) | Accrued pension and | |
| (5) | post-retirement benefits | 7,125,813. |
| (6) | | |
| (7)_ | | |
| (8)_ | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25) | 8,291,245. |

^{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

| Part XI Reconciliation of Revenue per Audited Financial Statemer | | | 53- | -0114930 Page 4 |
|--|------------|---------------------------------------|----------|------------------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | II2 AA | itti neveriue per r | etur | Π. |
| 4 Table | | | 1 | 37,278,424. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ••••• | •• •••• ••••• • | | 31,210,424. |
| a Nat unrealized gains (losses) on investments | 2a | <1,479,293. | | |
| b Donated services and use of facilities | 2b | <u> </u> | 1 | |
| c Recoveries of prior year grants | 2c | | 1 | |
| d Other (Describe in Part XIII.) | 2d | 772,178. | 1 | |
| e Add lines 2a through 2d | | 772,170 | 2e | <707,115.> |
| 3 Subtract line 2e from line 1 | | • | 3 | 37,985,539. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | •• | | <u> </u> | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 227,386. | | |
| b Other (Describe in Part XIII.) | 4b | 134,051. | 7 | |
| c Add lines 4a and 4b | | | 4c | 361,437. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5_ | 38,346,976. |
| Part XII Reconciliation of Expenses per Audited Financial Stateme | nts V | Vith Expenses per | Ret | urn. |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 Total expenses and losses per audited financial statements | | | 1 | 38,735,804. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a Donated services and use of facilities | _2a | | | |
| b Prior year adjustments | 2b | | | |
| c Other losses | _2c | | | |
| d Other (Describe in Part XIII.) | 2d | 782,605. | | |
| e Add lines 2a through 2d | | | 2e | 782,605. |
| 3 Subtract line 2e from line 1 | | | 3 | 37,953,199. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 007 006 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 227,386. | | |
| b Other (Describe in Part XIII.) | 4b | 134,051. | ł | 264 425 |
| c Add lines 4a and 4b | • | | 4c | 361,437. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. | | | 5 | 38,314,636. |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | / lines | 1b and 2b: Part V line | 4. Don | t V line Qi Dort VI |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the state of the stat | | · · | 4, Fai | t A, IIIIe Z, Fait Ai, |
| and the same that the same that the same that the part to provide any additional terms are the same that the same | o, iai iii | normation, | | |
| | | | | |
| Part X, Line 2: | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| Management reviews and assesses all activitie | s a | nnually to i | den | tify any |
| | | | | |
| changes in the scope of the activities and re | <u>ven</u> | <u>ue sources a</u> | .nd | the tax |
| | | | | |
| treatment thereof to identify any uncertainty | <u>ın</u> | income tax. | F | or the year |
| ended December 31, 2015, management did not i | d 0 m | | | |
| ended becember 31, 2013, management did not 1 | <u>aen</u> | city any unc | ert | ainty in |
| income tax requiring recognition or disclosur | _ i· | n the financ | ial | |
| | <u> </u> | ii che illiano | тал | · |
| statements. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part XI, Line 2d - Other Adjustments: | | | | |
| Percenus of antition other than CVA included : | 1 | . | | |
| Revenue of entities other than GMA included i | יו בי | ii.e | | |
| consolidated audited financial statements, ne | t o | £ | | |
| | | | | |
| elimination entries. | | | | 772,178. |
| 532054 09-21-15 | | | Sche | dule D (Form 990) 2015 |

| Part XIII Supplemental Information (continued) | | |
|--|------|------|
| Don't VI Time Ab Obban Addington and a | | |
| Part XI, Line 4b - Other Adjustments: | | |
| Claims reimbursements- reported as rev. on the Form 990 | | |
| in accordance with guidance from the IRS but netted with | | |
| expenses in the audited consolidated financial statements. | 134, | 051. |
| Part XII, Line 2d - Other Adjustments: | | |
| Expenses of entities other than GMA included in the | | |
| consolidated audited financial statements, net of | | |
| elimination entries. | 782, | 605. |
| Part XII, Line 4b - Other Adjustments: | | |
| Claims reimbursements- reported as rev. on the Form 990 | | |
| in accordance with guidance from the IRS but netted with | | |
| expenses in the audited consolidated financial statements. | 134, | 051. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

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

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

► Attach to Form 990.

| OMB No 1545-0047 | 2012 | Open to Public | Inspection |
|------------------|------|----------------|------------|
| | | | |

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

Employer identification number Name of the organization

| Grocery M | anuractur | Grocery Manulacturers Association | cion | | | | 53-0114930 |
|---|----------------------|-----------------------------------|--------------------------------------|-----------------------------------|---|--|--|
| Part I General Information on Grants and Assistance | nd Assistance | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or ass | ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | tion |
| criteria used to award the grants or assistance? | stance? | | : | : | ; | | X Yes |
| 2 Describe in Part IV the organization's procedures for monitoring the use | ocedures for monit | oring the use of grant | of grant funds in the United States. | d States. | | | |
| Part II Grants and Other Assistance to Domestic Organizations and | Domestic Organia | zations and Domestic | Governments. C | complete if the orga | Inization answered "Y | Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any | IV. Ine 21, for any |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | \$5,000. Part II can | be duplicated if additi | onal space is need | jed. | | • | • |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Hchigan State University | | | | | | | Conditional support of a center for ingredient |
| 126 Auditorium Rd., Room 360 | | | | | | | safety and risk |
| ast Lansing, MI 48824 | 38-6005984 | 501(c)(3) | 400,000. | 0 | | | assessment |
| merican Heart Association | | | | | | | |
| allas, TX 75284 | 13-5613797 501(c)(3) | 501(c)(3) | 100,000. | 0 | | | General support |
| | | | | | | | |

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

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

Schedule I (Form 990) (2015)

Beneral support

:

:

o.

25,000,

501(c)(3)

75-2977151

Education - 2345 Crystal Drive, Suite 800 - Arlington, VA 22202

Partnership for Food Safety

Support for toxicity and

General support

o

35,000,

501(c)(3)

52-1071570

product safety testing

o

32,500,

501(c)(3)

52-0595110

Animal Testing - 651 N. Wolfe St., Suite W7032 - Baltimore, MD 21205

University-Center for Alt. to

Support for the grantee's

No Kid Hungry Campaign

o.

75,000

501(c)(3)

52-1367538

1030 15th St., NW, Suite 1100 West

Share Our Strength

Washington, DC 20005

Washington Legal Foundation 2009 Massachusetts Ave., NW

Washington, DC 20036

The Johns Hopkins

| Page 1 |
|--------|
| 30 |
| 149 |
| 3 - 01 |
| 121 |

| Schedule I (Form 990) Grocery Manufacturers Association Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | anufactur Assistance to Go | ers Association | tion nizations in the Ur | nited States (Sche | dule I (Form 990), Par | : | 53-0114930 Page 1 |
|---|-------------------------------|----------------------------------|-----------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Franklin Center 1155 15th St., NW, Suite 550 Washington, DC 20005 | 52-1159816 | 501(c)(3) | 25,000, | .0 | | | General support |
| State Legislative Leaders Foundation - 1645 Falmouth Rd., Building D - Centerville, MA 02632 | 23-7148478 | 501(c)(3) | 10,000, | 0 | | | General support |
| So Others Might Eat 5185 MacArthur Blvd., NW, Suite 250 Washington, DC 20016 | 23-7098123 | 501(c)(3) | 10,000. | 0 | | | General support |
| Congressional Black Caucus 1720 Massachusetts Ave., NW Washington, DC 20036 | 52-1160561 | 501(c)(3) | 10,000, | 0 | | | General support |
| Field to Market 777 N. Capital St., NE, Suite 803 Washington, DC 20002 | 90-0885216 | 501(c)(3) | 10,000 | 0 | | | General support |
| Bryce Harlow Foundation 1700 New York Avenue, NW, Suite 400 Washington, DC 20006 | 52-1266620 | 501(c)(3) | 10,000. | 0 | | | General_support |
| United States Capitol Historical Society - 200 Maryland Ave., NE - Washington, DC 20002 | 52-0796820 | 501(c)(3) | 9 420 | 0 | | | General support |
| Business Council for International Understanding, Inc 1212 Avenue of the Americas - New York, NY 10024 | 13-6161195 | 501(c)(3) | 000 8 | 0 | | | |
| Food Industry Association 664 Sandpiper Bay Dr., SW Sunset Beach, NC 28468 | 74-2155907 | 501(c)(6) | 7,500, | 0 | | | General support |
| | | | | | | | Schedule I (Form 990) |

| Page 1 | t , | | | İ | | | nrm 990) |
|--|---|--|--|---|--|--|-----------------------|
| 53-0114930 | (h) Purpose of grant or assistance | General support | | | | | Schedule I (Form 990) |
| | (g) Description of non-cash assistance | | | | | | |
| edule I (Form 990), Pa | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | |
| nited States (Sch | (e) Amount of non-cash assistance | o | | | | | |
| ociation d Organizations in the U | (d) Amount of cash grant | 9 | | | | | |
| ers Associa | (c) IRC section if applicable | 501(c)(3) | | | | | |
| anufactur Assistance to Go | (b) EIN | 54-0883744 | | | | | |
| Schedule (Form 990) Grocery Manufacturers Association Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II) | (a) Name and address of organization or government | USAFMC-United States Assoc. of Former Members of Congress - 1401 K Street, NW, Suite 503 - Washington, DC 20005 | | | | | |

53-0114930 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Grocery Manufacturers Association Schedule I (Form 990) (2015) Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) used to support a specific program (general contribution) or research grant Contributions are made with the general understanding that funding will be Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (with an expected deliverable) that is aligned with the interests of the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part I, Line

research deliverables are completed.

accomplishing specific goals of interest while research grants are made by

are made to well-established organizations known for successfully

consumer products industry and/or their customers.

program managers who receive updates and monitor progress to ensure

General contributions

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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

<u>Grocery Manufacturers Association</u>

Employer identification number <u>53-0114930</u>

| Pε | rt I Questions Regarding Compensation | <u> </u> | <u> </u> | |
|------------|---|----------|----------|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments W 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 | X | |
| 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 | X | |
| | | | | |
| 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. X Compensation committee X Written employment contract X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on 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. | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| | The organization? | 5a_ | | |
| þ | Any related organization? | 5b_ | | |
| _ | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| _ | The organization? | 6a | | |
| | Any related organization? | | | |
| U | If "Yes" on line 6a or 6b, describe in Part III | 6b_ | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | |
| • | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ··· | | |
| 5 | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | , | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| Ü | Regulations section 53 4958-6/c)? | ا م | | |

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Schedule J (Form 990) 2015

Grocery Manufacturers Association Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

| | | (B) Breakdown of V | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-------------------------------------|------------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | otner deferred compensation | Deneiits | (n)-(i)(a) | in column (B) reported as deferred on prior Form 990 |
| (1) Pamela Bailey | Θ | 1,233,209. | 485,729. | 29,607. | .980,698 | 38,802. | 2,656,433. | 485,729. |
| President & CEO | (ii) | 0. | 0. | 0. | 0 | 0. | 0. | |
| (2) Steve McCroddan | (E) | 284,142. | .007,33 | • 0 | 92,650. | 18,748. | 451,240. | 55,700. |
| Senior VP CFO CAO | Ξ | 0. | | 0 | 0 | 0 | 0 | 0 |
| lannery, Sr. Exec. VP- | Ξ | 603,873. | 221,095. | 0. | 108,650. | 19,341. | | 71,095. |
| try Collaboration | ⊞ | 0. | 0. | .0 | 0 | 0 | 0 | 0 |
| (4) Mary Sophos | Θ | 397,455. | 77,190. | 0. | 114,650. | 2,521. | 591,816. | 77,190. |
| Exec, VP-Policy/Strategic Planning | Ξ | 0 | 0. | 0. | 0. | 0. | 0 | • 0 |
| (5) Leon Bruner, Exec. VP - | Ξ | 362,092. | 72,000. | 0 | 109,150. | 19,162. | 562,404. | 72,000. |
| latory Affairs | (11) | 0. | 0. | 0. | 0 | 0. | 0 | 0 |
| (6) Sean Darragh | Ξ | 411,652. | 0. | 0. | 0 | 15,121. | 426,773. | 0. |
| Exec, VP-Global Strategies | <u> </u> | 0. | 0. | 0. | 0 | 0. | 0 | 0 |
| (7) Denzel McGuire | Ξ | 358,544. | 0 | 0. | 115,150. | 7,316. | 481,010. | 0 |
| Exec, VP-Gov't Affairs | ▣ | ŀ | 0 | 0. | 0. | 0. | 0. | • 0 |
| (8) Roger Lowe | Ξ | 256,233. | 0 | 0. | 54,319. | 13,157. | 323,709. | 0 |
| Exec, VP-Strategic Communications (| <u>(i)</u> | 0 | 0 | 0. | 0 | 0. | 0. | 0 |
| (9) Michael Gruber | Ξ | 255,225. | 40,000. | 0. | 63,150. | 18,664. | 377,039. | 40,000. |
| Senior VP-Federal Affairs | ☺ | - 1 | | 0. | | | ļ | - 1 |
| (10) Carla Mitchell | Ξ | 228,742. | 45,000. | 0. | 81,400. | 19,371. | 374,513. | 45,000. |
| Senior VP-Human Resources | ⊞ | 0 | 0 | 0. | | 0 | 0 | 0 |
| (11) Karin Moore | Ξ | 233,444. | 25,000. | 0. | 89,551. | 18,424. | 366,419. | 25,000. |
| Senior VP & General Counsel | ≘ | - 1 | | 0. | - 1 | | | ļ |
| (12) Robert Burns | Ξ | 234,453. | 13,500. | 0. | 51,558. | 12,847. | 312,358. | 13,500. |
| VP-Health & Nutrition Policy | ▣ | 0 | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) Brian Bedard | Ξ | 209,746. | 10,000. | 0. | 29,765. | 1,032. | 250,543. | 10,000. |
| Exec. Dir, of GMA's Foundation | Ξ | 0 | 0 | 0. | 0 | 0. | 0. | 0. |
| | Ξ | | | | | | | |
| | ▣ | | | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | € | | | | | | | |
| | | | | | | | | |

Schedule J (Form 990) 2015

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.

Part I, Line la:

First class travel for the President and CEO was provided in accordance

Such costs were required to be with the employment agreement.

All travel was substantiated via receipts and itinerary submitted.

business related.

Spousal travel was included as part of the contract agreement between GMA

All spousal travel was required to comply with and its President and CEO.

GMA expense reporting policies

Gym membership fees for the President and CEO of GMA were provided and were

appropriately reported on the individual's Form W-2 issued by GMA.

"retirement and other deferred compensation" Column C, Schedule J, Part II,

includes both GMA's 2015 contributions to a 401k plan for these

GMA's 2015 contribution to a 457f Plan for the President and individuals,

CEO and 2015 performance bonuses which were paid subsequent to March 15,

2016 and therefore considered deferred compensation for tax reporting

Performance bonuses awarded for 2014 were paid subsequent to purposes.

Schedule J (Form 990) 2015

ь.

SCHEDULE 0

(Form 990 or 990-EZ)

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Grocery Manufacturers Association

Employer identification number 53-0114930

| Form 990, Part III, Line 1, Description of Organization Mission: |
|---|
| and information they need to make informed choices and lead healthier |
| lives. For more information, visit www.gmaonline.org. |
| |
| Form 990, Part III, Line 4b, Program Service Accomplishments: |
| Environmental Protection Agency. |
| |
| Consumer Claims: The Claims Program's mission is to use its legal and |
| scientific expertise to help GMA member companies successfully resolve |
| their product liability claims. By quickly resolving valid claims and |
| aggressively defending those without merit, the Claims Program protects |
| consumer confidence and brand integrity in the food, beverage, and |
| consumer products industry. |
| |
| The Scientific Affairs program also provides conferences and |
| conventions which serve as a forum to exchange ideas and knowledge |
| related to the consumer products industry. Workshops and webinars are |
| also provided which increase the overall awareness of the industry to |
| regulatory changes and research development. |
| |
| Form 990, Part III, Line 4d, Other Program Services: |
| Industry Affairs: This program provides an understanding of the |
| drivers of sales and sales promotion, works to reduce the total cost of |
| the industry supply chain, improve customer service levels and improve |
| industry performance through metrics and benchmark development. This |
| program also provides conferences and conventions which serve as a LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) |
| |

| • | |
|---|--|
| Schedule O (Form 990 or 990-EZ) (2015) Name of the organization Grocery Manufacturers Association | Page 2 Employer identification number 53-0114930 |
| forum to exchange ideas and knowledge related to the cons | umer products |
| industry. | |
| Global Strategy: Through this program, GMA works to elimi | nate tariff |
| and non-tariff trade barriers, harmonize standards for fo | od, beverage |
| and consumer products, encourage border efficiencies and | advocate |
| common-sense policies related to investment and tax, inte | llectual |
| property and counterfeiting, multi-lateral organization a | ctivity, |
| market-based commodity prices and customs facilitation. | |
| Meetings: Conferences through this department create a f | orum for |
| gathering the most influential leaders from the food, bev | |
| consumer products industry for collaborative learning, tr | end-spotting, |
| and problem solving, all with the goal of ensuring a brig | ht and vibrant |
| future for our industry, our employees and the consumers | we serve. |
| Membership: Through this program, GMA staff seek to reta | in existing |
| members and recruit new members. | |
| | |
| Form 990, Part VI, Section A, line 6: | |
| There are three categories of membership in GMA: | |
| 1. General members: General membership is limited to 1) | entities engaged |
| in the manufacture of food, beverage and consumer product | s; 2) sales |

agencies engaged in sales and marketing or merchandising of food, beverage and consumer products; and 3) suppliers by invitation only. General members can participate on councils and committees, ultimately helping to drive GMA's agenda.

2. Associate members: Associate membership is limited to entities engaged Schedule O (Form 990 or 990-EZ) (2015)

Form 990, Part VI, Section B, line 11:

the full membership for approval.

GMA's Federal Form 990 is reviewed by its accounting staff, including the Director of Accounting, Controller and CFO and by in-house legal counsel.

Employer identification number 53-0114930

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. The review involves comparison of financial data in the Form 990 with the audited financial statements and the books and records of GMA and review of all narrative information for accuracy and completeness by the appropriate GMA staff. Additionally, a report is made to GMA's Finance and Audit Committee.

Form 990, Part VI, Section B, Line 12c:

In addition to the written conflict of interest policy, GMA's in-house legal counsel regularly reviews antitrust provisions, which specifically address conflict of interest provisions, at board meetings and most committee meetings. The objective members of the GMA Finance and Audit Committee shall make an initial determination as to whether a conflict exists and what subsequent action is appropriate, if any. The GMA Finance and Audit Committee shall inform the Board of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

Form 990, Part VI, Section B, Line 15:

Pay comparability data is gathered from a variety of publicly available sources including published survey data and Form 990's. Specific to the President and CEO, a salary survey was obtained and the total compensation reviewed and approved by the compensation committee of the Board of Directors.

Compensation recommendations for key positions are reviewed by an

| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
|--|---|
| Name of the organization Grocery Manufacturers Association | Employer identification number 53-0114930 |
| independent compensation consultant and GMA's CEO. | |
| Form 990, Part VI, Section C, Line 19: | |
| GMA makes its Form 990 available upon request. Audited f | inancial |
| statements and governing documents may be made available | upon GMA's |
| consideration of the request. | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Unrecognized actuarial loss | -3,077,990. |
| Form 990, Part XII, Line 2c: | |
| The Finance and Audit Committee of the Grocery Manufactur | ers |
| Association is responsible, annually, for the approval of | the |
| independent public accounting firm who conducts the consc | lidated |
| financial statement audit of GMA and for the approval of | the |
| consolidated financial statements. This process is uncha | inged from the |
| prior year. | |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Employer identification number 53-0114930

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

Grocery Manufacturers Association

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | | (f) Direct controlling entity | |
|---|--|---|-------------------------------|---------------------------------------|-------------------------------------|--|----------|
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| Part II 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. | tions Complete if the organization ar | swered "Yes" on Form 990, | Part IV, line 34 be | cause it had one | or more related tax-ey | cempt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 (2(b)(13) controlled entity? | 2(b)(13) |
| GMA Science and Education Foundation - 52-2088235, 1350 I Street, NW, Suite 300, Washington, DC 20005 | Promote & conduct applied research relevant to the consumer products industry | District of Columbia | 501(c)(3) | 11(a) | N/A | × | 2 |
| GMA Political Action Committee - 91-1981944 1350 I Street, NW, Suite 300 Washington, DC 20005 | Provide an opportunity for org's & ndiv's interested in GMA's goals to contribute to worthy candidates | District of Columbia | 527 | N/A | N/A | | × |
| | | | | | | | |
| | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | | | Schedule | Schedule R (Form 990) 2015 |) 2015 |

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Grocery Manufacturers Association Schedule R (Form 990) 2015

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

General or Percentage managing ownership S Yes No 9 Code V-UBI camount in box managed 20 of Schedule L K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u>

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

| (a) | (2) | <u></u> | © | (e) | () | (<u>6</u>) | 3 | ⊝ | |
|--|------------------|--|---------------------------|---------------------------------|-----------------------|----------------------|----------------------------|--|------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, | Share of total income | Share of end-of-year | ge | Section 512(b)(13) controlled entity? | _ল⊽ |
| | | country) | | Oi illast) | | desers | | Yes No | او ا |
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Grocery Manufacturers Association Schedule R (Form 990) 2015

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | da cacca da | | Yes | Š |
|---|---|----------------------------|--|------|
| a Receipt of (i) interest, (ii) annutues, (iii) royalties, or (iv) rent from a controlled entity | h | | 1a X | |
| b Gift, grant, or capital contribution to related organization(s) | | | ф ф ф | × |
| | | | 4 | × |
| e Loans or loan guarantees by related organization(s) | | | -10 | × |
| | | | T. | × |
| | · : | : | | × |
| Purchase of assets from related organization(s) | | | | × |
| i Exchange of assets with related organization(s) | | | | × |
| Lease of facilities, equipment, of other assets to related organization(s) | : : : : : | : | | 4 |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | - : | × |
| Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | X = # | > |
| | irganization(s) | | | × |
| o Sharing of paid employees with related organization(s) | | | 10 X | |
| | | | X qt | |
| q Reimbursement paid by related organization(s) for expenses. | : | | X bt | |
| r Other transfer of cash or property to related organization(s) | | | = | × |
| s Other transfer of cash or property from related organization(s) | | | 18 | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete the | is 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 | |
| (1) GMA Science and Education Foundation | Ą | 21,895. | Fair value | |
| (2) GMA Science and Education Foundation | Ţ | 325,025. | Fair value | |
| (3) GMA Science and Education Foundation | 0 | 541,365. | Fair value | ļ |
| (4) GMA Science and Education Foundation | д | 324,905. | Fair value | |
| (5) GMA Science and Education Foundation | Q | 83,862. | Fair value | |
| (9) | | | | |
| 532163 09-08-15 | | | Schedule R (Form 990) 2015 | 2015 |

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Schedule R (Form 990) 2015 Grocery Manufacturers Association

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.

| that was not a teleaced organization. Occurrence of the containing containing the | Simulation of the second of th | 30100 | Common particularity. | 13 | 9 | 3 | (4) | 6 | 5 | (4) |
|--|--|------------------------|---|--------------------------------------|-----|----------------------|----------------------|--|-----------|----------------------------|
| Name, address, and EIN of entity | Primary activity | , micile foreign | t incom related, | Are all partners sec 501(c)(3) | & + | Share of end-of-year | Dispropor- tonate | Dispuppor Code V-UBI General or Percentage boats amount in box 20 managing ownership | General c | Percentage ownership |
| | | country) | excluded from tax under sections 512-514) | Yes No | - | assets | Yes No | or schedule K-1 (Form 1065) | Yes No | |
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| Schedule R | (Form 990) 2015 | Grocerv | Manufacturers | Association | 53-0114930 Page 5 |
|------------|-------------------------------------|-------------------|--|---------------------------------------|-------------------|
| Part VII | (Form 990) 2015 Supplemental Inform | mation | | | |
| | Backs at the sale of | | | 54 | |
| | Provide additional informa | ition for respons | es to questions on Schedule | H (see instructions) | |
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