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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

Open to Public Inspection

For calendar year 2015, or tax year beginning 08-01-2015

, and ending 07-31-2016

Name of foundation UNFI FOUNDATION C/O JOHN PARIS		<b>A Employer identification number</b>  45-5023490	
Number and street (or P O box number if mail is not delivered to street address) 313 IRON HORSE WAY		<b>B</b> Telephone number (see instructions)  (401) 528-8634	
City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02908		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 116,914		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify _____) (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	639,364			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____				
	<b>b</b> Gross sales price for all assets on line 6a _____				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .	41,813	0		
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	681,177	0		
	<b>13</b> Compensation of officers, directors, trustees, etc	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	16,224	0		4,000
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . .				
	<b>19</b> Depreciation (attach schedule) and depletion . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .				
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	52,032	0		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	68,256	0		4,000
	<b>25</b> Contributions, gifts, grants paid . . . . .	596,494			596,494
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	664,750	0		600,494
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	16,427			
	<b>b Net investment income</b> (if negative, enter -0-)		0		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	32,576	100,421	100,421
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ 11,224 Less allowance for doubtful accounts ▶ _____		11,224	11,224
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	500	5,269	5,269
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ 13,000 Less accumulated depreciation (attach schedule) ▶ 13,000			
	15	Other assets (describe ▶ _____)			
	16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	33,076	116,914	116,914
Liabilities	17	Accounts payable and accrued expenses . . . . .		11,224	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .	27,100	83,287	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	27,100	94,511	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	5,976	22,403	
	30	Total net assets or fund balances(see instructions) . . . . .	5,976	22,403	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	33,076	116,914	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1 5,976
2	Enter amount from Part I, line 27a . . . . .	2 16,427
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 22,403
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 22,403

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0- ) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	580,200	86,744	6 688647
2013	382,230	68,972	5 541814
2012	341,850	34,272	9 974615
2011	0	0	0 000000
2010			

2	Total of line 1, column (d). . . . .	2	22 205076
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	5 551269
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	97,931
5	Multiply line 4 by line 3. . . . .	5	543,641
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	0
7	Add lines 5 and 6. . . . .	7	543,641
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	600,494

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>Yes</b>	<b>No</b>
		<b>1a</b>		<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>0</b> <b>(2)</b> On foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>		<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> DE, MA, RI, CT, CA, NH _____			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> . . . . .	<b>8b</b>	<b>Yes</b>	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  . . . . .	<b>10</b>	<b>Yes</b>	

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.UNFIFFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ► <u>JOHN PARIS</u> Telephone no ► <u>(401) 528-8634</u> Located at ► <u>313 IRON HORSE WAY PROVIDENCE RI</u> ZIP+4 ► <u>02903</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ►	<b>15</b>		
<b>16</b> At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly) <b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <span style="float: right;"><b>1b</b></span> Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	<b>1b</b>			
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . . <span style="float: right;"><b>1c</b></span>	<b>1c</b>			<b>No</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) <b>a</b> At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," list the years ► 20____, 20____, 20____, 20____				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <span style="float: right;"><b>2b</b></span>	<b>2b</b>			
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____				
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				
<b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <span style="float: right;"><b>3b</b></span>	<b>3b</b>			
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>			<b>No</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	<b>4b</b>			<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes " to 6b, file Form 8870

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

## Part VIII

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

[illegible]

<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .	0
--	---

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 THE UNFI FOUNDATION IS COMMITTED TO PROMOTING HEALTHY, SUSTAINABLE AND ORGANIC  
FOOD PRODUCTION AND CONSUMPTION. WE SUPPORT THOSE ORGANIZATIONS THAT SUPPORT  
ORGANIZATIONS THAT FOSTER THE NEXT GENERATION OF SUSTAINABLE AND ORGANIC FARMERS -  
\$184,775 INCREASE ORGANIC FOOD PRODUCTION AND CONSUMPTION - \$176,500 PROVIDE  
RESEARCH AND SCIENCE TO DEVELOP ORGANIC FARMING PRACTICES - \$20,210 PROTECTING THE  
BIODIVERSITY OF OUR SEED SUPPLY, AND THE STEWARDSHIP OF GENETIC RESOURCES OF ORGANIC  
SEED - \$51,509 TEACH SUSTAINABLE FARMING PRACTICES THAT PROMOTE CONSERVATION OF  
RESOURCES - \$163,500 TOTAL \$596,494

596,494

**2**

3

4

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

**1**

**2**

All other program-related investments See instructions

3

<b>Total.</b> Add lines 1 through 3	. . . . . ▶	0
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**Part X**

**Minimum Investment Return**  
(All domestic foundations must complete this part. Foreign foundations,see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	99,422
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	99,422
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	99,422
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,491
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	97,931
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	4,897

**Part XI**

**Distributable Amount**  
(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	4,897
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	4,897
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	10,013
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	14,910
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . .	<b>7</b>	14,910

**Part XII**

**Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	600,494
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	600,494
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	600,494

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				14,910
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .			340,136	
d From 2013. . . . .			378,781	
e From 2014. . . . .			575,863	
f Total of lines 3a through e. . . . .	1,294,780			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 600,494				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				14,910
e Remaining amount distributed out of corpus	585,584			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,880,364			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	1,880,364			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .			340,136	
c Excess from 2013. . . .			378,781	
d Excess from 2014. . . .			575,863	
e Excess from 2015. . . .			585,584	

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

- |   |  |
|---|--|
| <p><b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶</p> |  |
| <p><b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)</p>          |  |
| <p><b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .</p>  |  |
| <p><b>b</b> 85% of line 2a . . . . .</p>  |  |
| <p><b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .</p>   |  |
| <p><b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .</p>   |  |
| <p><b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .</p>   |  |
| <p><b>3</b> Complete 3a, b, or c for the alternative test relied upon</p>   |  |
| <p><b>a</b> "Assets" alternative test—enter</p>   |  |
| <p><b>(1)</b> Value of all assets . . . . .</p>   |  |
| <p><b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)</p>   |  |
| <p><b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .</p>  |  |
| <p><b>c</b> "Support" alternative test—enter</p>  |  |
| <p><b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .</p>                                 |  |
| <p><b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .</p>   |  |
| <p><b>(3)</b> Largest amount of support from an exempt organization</p>   |  |
| <p><b>(4)</b> Gross investment income</p>   |  |

**Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
- 
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MELODY MEYERS  
313 IRON HORSE WAY  
PROVIDENCE, RI 02908  
(401) 528-8634

- b** The form in which applications should be submitted and information and materials they should include

AN APPLICATION FORM IS AVAILABLE ONLINE TO BE COMPLETED THROUGH THE GRANT MANAGEMENT SOFTWARE AND IT UPLOADED ELECTRONICALLY. THE APPLICANT'S IRS DETERMINATION LETTER OR A CERTIFICATION OR OPINION FROM LEGAL COUNCIL REGARDING THEIR CLASSIFICATION MUST ACCOMPANY THE APPLICATION. THE APPLICATION REQUIRES INFORMATION ABOUT THE APPLICANT, THE PURPOSE OF THE GRANT REQUEST, THE AMOUNT REQUESTED, THE IMPACT THE GRANT WILL HAVE ON THEIR MISSION, AND THE TIME LINE THE GRANT WILL COVER. OTHER MATERIALS MAY BE SUBMITTED TO ENHANCE THE APPLICATION.

- c** Any submission deadlines

CURRENTLY NO DEADLINES FOR APPLICATION APPLICATIONS ARE ACCEPTED AS LONG AS FUNDS ARE AVAILABLE

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

APPLICANTS ARE RESTRICTED TO U S ENTITIES THAT INCREASE ORGANIC FOOD PRODUCTION, PROVIDE RESEARCH TO DEVELOP ORGANIC FARMING PRACTICES, PROTECT THE BIODIVERSITY OF OUR SEED SUPPLY, TEACH ORGANIC FARMING PRACTICES THAT PROMOTE CONSERVATION, AND SUPPORT ORGANIZATIONS THAT FOSTER ORGANIC FARMERS

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			▶ 3a	596,494
b Approved for future payment				
Total . . . . .			▶ 3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					
<b>4</b>	Dividends and interest from securities. . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property . . . . .					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events			01	-12,123	
<b>10</b>	Gross profit or (loss) from sales of inventory . . .					
<b>11</b>	Other revenue <b>a</b> <u>REFUND OF GRANTS GIVEN IN PRIOR YEAR</u>					10,013
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). .		0		-12,123	10,013
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		<b>-2,110</b>

[illegible]

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2017-05-30</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Title</div>

May the IRS discuss this return with the preparer shown below  
 (see instr.)? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SHARON KENNEDY	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00218909
	Firm's name ▶ PICCERELLI GILSTEIN & CO LLP			Firm's EIN ▶ 05-0353162	
	Firm's address ▶ 144 WESTMINSTER STREET PROVIDENCE, RI 029032282			Phone no (401) 831-0200	

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>		<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation(If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
STEVEN SPINNER	313 IRON HORSE WAY PROVIDENCE,RI 02908	PRESIDENT 0 50	0	0	0
SUSAN ROBERTS	313 IRON HORSE WAY PROVIDENCE,RI 02908	DIRECTOR 1 00	0	0	0
THOMAS DZIKI	313 IRON HORSE WAY PROVIDENCE,RI 02908	DIRECTOR 0 50	0	0	0
MICHAEL FUNK	313 IRON HORSE WAY PROVIDENCE,RI 02908	DIRECTOR 0 50	0	0	0
MELODY MEYER	313 IRON HORSE WAY PROVIDENCE,RI 02908	EXECUTIVE DIRECTOR 8 00	0	0	0
ALISHA REAL	313 IRON HORSE WAY PROVIDENCE,RI 02908	SECRETARY 8 00	0	0	0
LISA N'CHONON	313 IRON HORSE WAY PROVIDENCE,RI 02908	TREASURER 3 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION PO BOX 6264 SALINAS,CA 93912		PC	FARMER EDUCATION AND ENTERPRISE DEVELOPMENT (FEED)	10,000
ANGELIC ORGANICS LEARNING CENTER 1547 ROCKTON RD CALEDONIA,IL 61011		PC	FARMER TRAINING INITIATIVE	15,000
CALIFORNIA CERTIFIED ORGANIC FARMERS (CCOF) 2155 DELAWARE AVE SUITE 150 SANTA CRUZ,CA 95062		PC	FUTURE ORGANIC FARMER GRANT FUND	20,000
CALIFORNIA CLIMATE AND AGRICULTURE NETWORK PO BOX 1366 SEBASTOPOL,CA 95473		PC	ENSURING THE INTEGRITY OF CALIFORNIA'S CLIMATE AND AGRICULTURE PROGRAMS	10,000
CALIFORNIA FARMLINK 303 POTRERO ST SUITE 29-201 SANTA CRUZ,CA 95060		PC	ORGANIC ELDER'S AND THE NEXT GENERATION- PLANNING FOR TRANSITION PHASE 2	10,000
<b>Total . . . . . ▶ 3a</b>				596,494



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR TRANSFORMATION INC 1729 FERRY AVENUE CAMDEN,NJ 81040		PC	TEACHING ORGANIC FARMING PRACTICES TO LOW-INCOME, MINORITY, URBAN YOUTH	5,000
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL,CA 95472		PC	CERES COMMUNITY PROJECT YOUTH EDUCATION PROGRAM	12,500
CLOUD MOUNTAIN FARM CENTER 6906 GOODWIN RD EVERSON,WA 98247		PC	NEW FARMER INTERNSHIP PROGRAM	7,500
DENVER URBAN GARDENS 1031 33RD ST SUITE 100 DENVER,CO 80205		PC	PROMOTING ORGANIC COMMUNITY GARDENING & FARMING IN THE DENVER METRO AREA	5,000
ECO-JUSTICE CENTER 7133 MICHNA ROAD RACINE,WI 53402		PC	RACINE AREA YOUTH FARM CORPS	5,000
<b>Total . . . . . ▶ 3a</b>				596,494


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAMILYFARMEDORG 7115 W NORTH AVE 504 OAK PARK,IL 60302		PC	ACCELERATING ORGANIC FARMING	15,000
FARMWORKER ASSOCIATION OF FLORIDA 1264 APOPKA BLVD APOPKA,FL 32703		PC	REBUILDING LOCAL FOOD SYSTEMS IN FARMWORKER COMMUNITIES	5,000
FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS INC PO BOX 12311 GAINESVILLE,FL 32604		PC	A MULTIFACETED APPROACH TO TEACHING ORGANIC & SUSTAINABLE FARMING IN TROPICAL & SUB-TROPICAL FL	10,000
FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS INC PO BOX 12311 GAINESVILLE,FL 32604		PC	GROWING THE FUTURE ORGANIC FARMERS TRAINING	10,000
FOOD TANK THE FOOD THINK TANK 90063 TROY ROAD ENTERPRISE,OR 97828		PC	THE TRUE COSTS AND BENEFITS OF ORGANIC FOOD AND FARMING QUANTIFYING THE ORGANIC PREMIUM	50,000
<b>Total . . . . .</b> ► <b>3a</b>				596,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD WHAT 1156 HIGH STREET SANTA CRUZ,CA 95064		PC	FOOD FOR SELF, FAMILY AND COMMUNITY EMPOWERING TEENS THROUGH SUSTAINABLE AGRICULTURE	13,500
FOODCORPS INC 2544 NW UPSHUR ST PORTLAND,OR 97210		PC	FOODCORPS CONNECTING KIDS TO REAL FOOD AND HELPING THEM GROW UP HEALTHY	25,000
FRIENDS OF ZENGER FARM 11741 SE FOSTER RD PORTLAND,OR 97266		PC	EMERGING FARMER TRAINING PROGRAM	10,000
GEORGIA ORGANICS 200 A OTTLEY DRIVE ATLANTA,GA 30324		PC	200 ORGANIC FARMS CAMPAIGN (GEORGIA)	10,000
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ,CA 95061		PC	HOMELESS GARDEN PROJECT	2,500
<b>Total . . . . . ▶ 3a</b>				596,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUMMINGBIRD PROJECT 8334 MENTOR AVENUE SUITE 200 MENTOR, OH 44060		PC	THE CLEVELAND SEED BANK SOWING THE SEEDS OF COMMUNITY RESILIENCE	2,500
KITCHEN TABLE ADVISORS 405 14TH STREET SUITE 164 OAKLAND, CA 94612		PC	KITCHEN TABLE ADVISORS' BUSINESS ADVISING FOR SMALL FARMS	7,500
LEG UP FARM 4880 NORTH SHERMAN STREET MT WOLF, PA 17347		PC	ABLE-SERVICES	5,000
LIFE LAB SCIENCE PROGRAM 1156 HIGH ST SANTA CRUZ, CA 95064		PC	GROWING NEXT GENERATION LAND STEWARDS	10,000
MIDWEST ORGANIC AND SUSTAINABLE EDUCATION SERVICE PO BOX 339 SPRING VALLEY, WI 54767		PC	MOSES 2016 GROW ORGANIC PROGRAM	10,000
<b>Total</b> . . . . .  <b>3a</b>				596,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MINNESOTA FOOD ASSOCIATION 14220-B OSTLUND TRAIL NORTH MARINE ON ST CROIX,MN 55047		PC	GROWING FARMERS, GROWING FOOD	10,000
NATIONAL SUSTAINABLE AGRICULTURE COALITION 110 MARYLAND AVE NE WASHINGTON,DC 20002		PC	BUILDING OPPORTUNITIES FOR ORGANIC AGRICULTURE AT THE FEDERAL LEVEL	15,000
NATIONAL YOUNG FARMERS COALITION PO BOX 1074 HUDSON,NY 12534		PC	LAND ACCESS INNOVATIONS REGIONALLY FOCUSED OUTREACH TO PROMOTE FARMLAND ACCESS & CONSERVATION	10,000
NORTHWEST CENTER FOR ALTERNATIVES TO PESTICIDES PO BOX 1393 EUGENE,OR 97440		PC	SEIZING THE ORGANIC OPPORTUNITY IN IDAHO	4,000
OREGON TILTH 2525 SE 3RD AVE CORVALLIS,OR 97333		PC	HELPING FARMERS TRANSITION AND THRIVE	20,000
<b>Total . . . . .</b> ► <b>3a</b>				596,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORGANIC FARMING RESEARCH FOUNDATION PO BOX 440 SANTA CRUZ,CA 95061		PC	ADDRESSING ORGANIC SUPPLY THROUGH RESEARCH TO IMPROVE GRAIN ROTATION PRACTICES	7,500
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND,WA 98368		PC	EXECUTING A ROADMAP FOR ORGANIC SEED SYSTEMS IN THE U S	25,000
PCC FARMLAND TRUST 1402 3RD AVE SEATTLE,WA 98101		PC	ADVANCING FARM PRACTICES	10,000
PESTICIDE ACTION NETWORK NORTH AMERICA 1611 TELEGRAPH AVENUE SUITE 1200 OAKLAND,CA 94612		PC	BEE-FRIENDLY SEEDS, DRIFT-FREE FARMS PROTECTING ORGANIC FARMERS IN THE MIDWEST	12,500
PIE RANCH PO BOX 363 PESCADERO,CA 94060		PC	PIE RANCH EMERGING FARMER TRAINING & YOUTH PROGRAMS	15,000
<b>Total . . . . .</b>			<b>3a</b>	596,494

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SANTA CRUZ - CASFS 1156 HIGH ST SANTA CRUZ,CA 95064		PC	ORGANIC AND SUSTAINABLE AGRICULTURE EDUCATION AND OUTREACH AT UCSC CASFS	25,000
ROCKY MOUNTAIN SEED ALLIANCE PO BOX 4736 KETCHUM,ID 83340		PC	ENHANCING SEED DIVERSITY IN THE ROCKY MOUNTAIN WEST	10,000
SEED FARM 4184 DORNEY PARK ROAD ALLENTOWN,PA 18104		PC	GROWING NEW FARMERS THE SEED FARM'S NEW FARMER TRAINING PROGRAM AND AGRICULTURAL INCUBATOR	10,000
SOIL BORN FARMS PO BOX 661175 SACRAMENTO,CA 95866		PC	SOIL BORN FARMS EXPANSION PROJECT	5,000
THE ORGANIC CENTER INC 444 N CAPTIOLO ST NW WASHINGTON,DC 20001		PC	NET-POSITIVE IMPACTS OF ORGANIC ON CLIMATE CHANGE AND HUMAN HEALTH	30,000
<b>Total . . . . .</b> ► <b>3a</b>				596,494

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE ORGANIC CENTER INC 444 N CAPTIOL ST NW WASHINGTON,DC 20001		PC	WEB TOOL TO AID FARMERS INCREASING BIODIVERSITY AND NOP GUIDANCE COMPLIANCE	25,000
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-- BERKELEY FOOD INSTITUTE 23 GIANNINI HALL 3100 BERKELEY,CA 94720		PC	EMPOWERING A NEW GENERATION OF ORGANIC FARMERS THROUGH TRAINING AND FELLOWSHIPS	10,000
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-- BERKELEY FOOD INSTITUTE 23 GIANNINI HALL 3100 BERKELEY,CA 94720		PC	IDENTIFYING AND SHARING LESSONS FROM STATE POLICY PROGRAMS THAT SUPPORT ORGANIC FARMING	15,000
TURNING GREEN 2330 MARINSHIP WAY SAUSALITO,CA 94965		PC	THE CONSCIOUS KITCHEN	5,000
UNIVERSITY OF GEORGIA FOUNDATION UGA COLLEGE OF FAMILY AND CONSUMER SCIENCES ATHENS,GA 30602		PC	FARM AGAIN - FARM AGAIN / GO ORGANIC	5,000
<b>Total . . . . . ▶ 3a</b>				596,494



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF MASSACHUSETTS 70 BUTTERFIELD TERR RESEARCH ADMIN BLDG AMHERST, MA 01003		PC	THE UMASS STUDENT FARM PROGRAM FOSTERING THE NEXT GENERATION OF MODERN ORGANIC FARMERS	9,775
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 278 S MAIN ST ST ALBANS, VT 54780		PC	DEVELOPING AN ORGANIC HEMP RESEARCH PROGRAM	12,710
WASHINGTON STATE UNIVERSITY BREAD LAB 11768 WESTAR LANE UNIT E BOX 5 BURLINGTON, WA 98233		PC	WSU BREAD LAB MODELS A THRIVING REGIONAL GRAIN ECONOMY IN THE SKAGIT VALLEY	14,009
WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077		PC	STRENGTHENING FARMER RESILIENCY THROUGH REGENERATIVE AGRICULTURE	5,000
<b>Total . . . . . ▶ 3a</b>				596,494

**TY 2015 Accounting Fees Schedule****Name:** UNFI FOUNDATION

C/O JOHN PARIS

**EIN:** 45-5023490

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	16,224	0		4,000

**TY 2015 Other Expenses Schedule****Name:** UNFI FOUNDATION

C/O JOHN PARIS

**EIN:** 45-5023490

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	693	0		0
INSURANCE	1,163	0		0
OFFICE EXPENSE	24	0		0
BANK FEES	1,113	0		0
GOLF TOURNAMENT EXPENSES	43,923	0		0
COMPUTER SOFTWARE	5,116	0		0

## TY 2015 Other Income Schedule

**Name:** UNFI FOUNDATION  
C/O JOHN PARIS

**EIN:** 45-5023490

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REFUND OF GRANTS GIVEN IN PRIOR YEAR	10,013		10,013
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	31,800		31,800

# TY 2015 Substantial Contributors Schedule

**Name:** UNFI FOUNDATION

C/O JOHN PARIS

**EIN:** 45-5023490

Name	Address
THE DATA COUNCIL IX-ONE	10475 FORTUNE PARKWAY STE 110 JACKSONVILLE, FL 32256

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div>
		<div>2015</div>

<div>Name of the organization</div> <div>UNFI FOUNDATION</div> <div>C/O JOHN PARIS</div>	<div>Employer identification number</div> <div>45-5023490</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> UNFI FOUNDATION C/O JOHN PARIS	<b>Employer identification number</b> 45-5023490
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**Part I** **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	   	 \$  	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

**Employer identification number**  
45-5023490

## Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

**Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**



<b>Name of organization</b> UNFI FOUNDATION C/O JOHN PARIS	<b>Employer identification number</b>  45-5023490
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
-	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>

Additional Data

Software ID:

Software Version:

EIN: 45-5023490

Name: UNFI FOUNDATION  
C/O JOHN PARIS

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED NATURAL FOODS INC		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	313 IRON HORSE WAY	\$ 455,412	
	PROVIDENCE, RI 02908		
2	STEVEN SPINNER		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	6014 GOSHEN ROAD	\$ 5,000	
	NEWTOWN SQUARE, PA 19073		
3	MANHATTAN ASSOCIATES		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	2300 WINDY RIDGE PKWY TENTH FL	\$ 6,700	
	ATLANTA, GA 30339		
4	VISIONET SYSTEMS INC		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	4 CEDARBROOK DR	\$ 6,700	
	CRANBURY, NJ 08512		
5	THE DATA COUNCIL IX-ONE		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	10475 FORTUNE PARKWAY STE 110	\$ 13,400	
	JACKSONVILLE, FL 32256		
6	JOE RITCHEY		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	1976 AUCTION ROAD	\$ 5,000	
	MANHEIM, PA 17545		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	SAP AMERICA INC		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	3999 WEST CHESTER PIKE	\$ 6,700	
	NEWTOWN SQUARE, PA 19073		
<div>8</div>	STORAGE SOLUTIONS INC		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	910 E 169TH STREET	\$ 6,700	
	WESTFIELD, IN 46074		
<div>9</div>	SYMANTEC CORPORATION		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	500 EAST MIDDLEFIELD ROAD	\$ 6,700	
	MOUNTAIN VIEW, CA 94043		
<div>10</div>	ACOSTA		<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div>
	PO BOX 551708	\$ 10,900	
	JACKSONVILLE, FL 32255		