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

OMB No 1545-0047 6

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2016 calendar year, or tax year beginning and calendar year, or tax year beginning	ending			
В	Check if applicab	C Name of organization		D Employer ider	ntificati	on number
	Addre	GMA Science and Education Foundation				
	Name	Doing business as		52	<u>-208</u>	8235
	linitial return		Room/suite	E Telephone nun	nber	
	Final	1350 I Street, NW	300	(2	02)_	639-5900
_	termir			G Gross receipts \$		1,202,086.
Ļ	Amen	Washington, DC 20005		H(a) is this a grou	ıp retur	
L	Application pendi	no		for subordina	ates?	Yes X No
		same as C above		H(b) Are all subordina		
_		empt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1		(see instructions)
		te: part of www.gmaonline.org	- 	H(c) Group exem		
	Form of Part I	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 199	BI M St	ate of legal domicile; DC
_	, 1	Briefly describe the organization's mission or most significant activities: Cata	lyze t	he improve	emen	it of
Governance	2	global food safety inspiring the trust of	f the	world's c	onsu	mers
č	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its ne	t asset	
Ž	3 3	Number of voting members of the governing body (Part VI, line 1a)		_	3	11
વ	ช 🐣	Number of independent voting members of the governing body (Part VI, line 1b)		-	4	10
1/2/1	<u>5</u> 5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		}	5	0
Activities Activities	6	Total number of volunteers (estimate if necessary)		-	6	0
1551 3	₹ 7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
\$ -	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	 -		7b	0.
多なないです。 Activitie		Contributions and grants (Part VIII line 1h)	-	Prior Year 335,52	_	222,204.
NAC	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	-	235,98		648,332.
NR	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1,08		4,143.
(5)	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	237,87		288,581.
23	1 '	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		810,46		1,163,260.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		57,09		66,000.
1.00 C	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
	ดู 15	Salaries, other compensation, employee benefits: (Part IX, column (A), lines 5-10)		467,63	1.	537,517.
H VD D D D D D	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
2	₹ b	Total fundraising expenses (Part X3column (D), line 25)	77.			
u	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	_	292,74		530,913.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		817,47		1,134,430.
_	19	Revenue less expenses. Subtract line 18 from line 12,		<7,00		28,830.
] Net Assets or	20		Be	ginning of Current Ye		End of Year
SSE	문 20	Total assets (Part X, line 16)	-	1,297,47		1,655,334.
let A	일 21	Total liabilities (Part X, line 26)		88,37		417,409.
	<u>라 22</u> Part II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,209,09	<u> </u>	1,237,925.
		alties of perjury, L declare that I have examined this return, including accompanying schedule	e and statem	uente, and to the heet	of my kr	nowledge and belief it is
		ct, and complete. Deelaration of preparer (either than officer) is based on all information of wi				lowicage and belief, it is
	20, 00110	The December of the Committee of the Com	man proparot	5/10/	17	
Si	ign	Signature of officer		Date /		
	ere	Mr. Bill Pappas, Treasurer, GMA VP &	Contro	ller		
		Type or print name and title		,		
		Print/Type preparer's name Preparere summer		Date Chert		PTIN
Pa	aid	Thomas J. Raffa	•	5/4/20/ selle	m ployed	P00916458
Pr	eparer	Firm's name Raffa, P.C.		/ Firm's EIN	E	2-1511275
Us	se Only	Firm's address 1899 L Street, NW, Suite 850		[
_		Washington, DC 20036		Phone no.	(202	<u>822-5000</u>
<u>M</u>	ay the I	RS discuss this return with the preparer shown above? (see instructions)		·		X Yes No
63	2001 11-	11-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.	. 16	7	Form 990 (2016)

	990 (2016) GMA Sc	ience and Educati	on Foundation	52-208	8235	Page 2
Par	t III Statement of Program S	ervice Accomplishments				
	Check if Schedule O contains a	response or note to any line in this	Part III			<u> </u>
1	Briefly describe the organization's miss	sion:				
	mba manadatian dali					
	The Foundation deli				train.	ing
	and best-in-class e				-114	
	consumers and, ther			nign qu	lality	
2	Did the organization undertake any sig	nificant program services during the	he year which were not listed on the			
	prior Form 990 or 990-EZ?			-	∟ Yes	X No
	If "Yes," describe these new services of					
3	Did the organization cease conducting	= -	ow it conducts, any program services	i?	LlYes	X No
	If "Yes," describe these changes on So					
4	Describe the organization's program se	ervice accomplishments for each of	of its three largest program services, a	as measured b	y expenses	
	Section 501(c)(3) and 501(c)(4) organiz	ations are required to report the a	mount of grants and allocations to ot	hers, the total	expenses, a	ınd
	revenue, if any, for each program servi					
4a	(Code) (Expenses \$		\$ 66,000.) (Rev			770 .)
	Research projects s					
	science and benefit	members of the G	rocery Manufacture	rs Assoc	iation	n as_
	well as the general					
						
						 -
4b	(Code) (Expenses \$		\ (n			
40	(Code / (Expenses \$	including grants of) (Hev	enue \$		
						
		·				
4c	(Code) (Expenses \$	including grants of	r\$) (Rev	enue \$)
						
						
						
						
	Other program sequence (December := C	chedule ()				
4d	Other program services (Describe in S		\		,	
—— 4е	(Expenses \$ Total program service expenses ▶	including grants of \$ 811,218.) (Revenue \$			
46	Total program service expenses	011,410.				

	1.45		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	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			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		_	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to)		
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	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	<u>11d</u>		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<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	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40-	v	[
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	y
13 14a		1/3		X
14a h	Did the organization maintain an onice, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	14a		
U	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	175		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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	L	Х
		Form	990	(2016)

			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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	, , ,			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ì
	Schedule L, Part I	25b		X
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	<u> </u>	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	07		v
~~	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C		200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	· · · · ·	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	İ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_X_	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Ì		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	<u> </u>
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>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?]	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2016

ients Regarding Oth	er IRS Filings and Tax Compli	anc

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b		Check if Schedule O contains a response or note to any line in this Part V			
16 Enter the number reported in Box 3 of Form 1996 Enter 0-in of applicable Enter the number of Forms WSQ included in this is a Enter 0-in on applicable Deter the number of Forms WSQ included in this 12, Enter 0-in on applicable Deter the number of Forms WSQ included in this 12, Enter 0-in on applicable Deter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by the return If it is least one is exported on the Ca, do the organization file all required to e-the (see instructions) So Unit be organization have unrelated business gross is some of \$1,000 or more during the year? 15 If Yes, * has if filed a Form 990 T for the year? If YNo, * to live 3b, provide an explanation in Schedule O So Unit organization have unrelated business gross is some of \$1,000 or more during the year? 26 If Yes, * has if filed a Form 990 T for the year? If YNo, * to live 3b, provide an explanation in Schedule O So Unit organization that was necessary and 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 Air yr time during the calendary 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)? 5a Was the organization and year of ForCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization and jors secepts that are no ormally of produced the interest transaction? 5b Unit and year or a payment of the organization file Form 8898.7 5c If Yes, * to line So or 5b, did the organization this form 8898.7 5c If Yes, * to line So or 5b, did the organization file Form 8898.7 5c If Yes, * to line that may receive deductible contributions under section 170c). 6c If Yes, * to line organization receive a contribution of quali				Yes	No
to but the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) without prize within every contributions of the prize with the year covered by this return. 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, gambing with the year covered by this return. 3 If the calendar year ending with or within the year covered by this return. 4 If Yes, "has a filled a Form 980°T for this year? If "No," to live 8b, provide an explanation in Schedule O. 5 If Yes, "has a filled a Form 980°T for this year? If "No," to live 8b, provide an explanation in Schedule O. 6 If Yes, "has a filled a Form 980°T for this year? If "No," to live 8b, provide an explanation in Schedule O. 8 If Yes, "to live the name of the foregrin country. 8 If Yes, "an interest the name of the foregrin country. 9 If Yes, "to live 5 as 6b, did the organization that it was or as a party to a prohibet das shelter transaction at any time during the tax year? 5 De any taxable party nority the organization that it was or as a party to a prohibet das shelter transaction at any time during the tax year? 5 De any taxable party nority the organization that it was or as a party to a prohibet das shelter transaction? 6 De year to explanazion a party to a prohibetic das shelter transaction at any time during the tax year? 5 De any taxable party nority the organization that it was or as a party to a prohibet das shelter transaction? 6 De year to explanazion and the explanazion that it was or as a party to a prohibet das shelter transaction? 6 De year to explanazion and the explanazion that the year or a party to a prohibet das shelter transaction? 6 De year to tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 Define organization state in year evelve deductible contributions under section 170(c). 9 Define organization state in year year year year year year year. 9 Define organization state in year year	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
(gambling) winnings to prize winners? 5 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 b if at least one is reported on line 2a, did the organization file all required feeled employment tax returne? 5 b to the organization and 2a is greater than 250, you may be required to e-file (see instructions) 5 a D of the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Lay 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 accounts (FBAR) 5 a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a firm 588617 6 a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that twe not tax deductible and scharable contributions? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contribution and partly for goods and services provided to the payor? 7 b If "Yes," indicate the number of Forms 82828 filed during the year 7 b Other organization necesses a payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 b If "Yes," indicate the number of Forms 82828 filed during the year 9 c Did the organization received a contribution of cars, boats, arginanes, or other vehicles, did the organization file of the payor and the filed fil	b			ļ	
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lied for the calendary pare androg with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to a-fide (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Lines 1 Heave, "has it filed a Form 950 T for this year? If "No," to the 50, provide an explanation in Schedule O. 3 Lines 1 Heave, "has it filed a Form 950 T for this year? If "No," to the 50, provide an explanation in Schedule O. 3 Lines 2 Lin	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		İ	
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lied for the calendary pare androg with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to a-fide (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Lines 1 Heave, "has it filed a Form 950 T for this year? If "No," to the 50, provide an explanation in Schedule O. 3 Lines 1 Heave, "has it filed a Form 950 T for this year? If "No," to the 50, provide an explanation in Schedule O. 3 Lines 2 Lin			1c	х	ĺ
filled for the calendar year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bill this veganization have unrelated business gross norme of \$1,000 or more unimp the year? 4 A 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 accountry? 4 a X 5 if "Yes," enter the name of the foreign country. ▶ 5 See instructions for filing requirements for Fincien Form 114, Report of Foreign Bank and Financial accountry (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 bill any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 bill "Yes," of the sac or 5b, did the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5 country of the sac or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 country of the sac or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 7 country of the sac or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 7 country of the sac or 5b, did the organization to tax deductible? 7 different that may receive deductible contributions under section 170(c). 8 different tax that may receive deductible contributions under section 170(c). 9 different tax that may receive deductible contributions under section 170(c). 9 different tax that may receive deductible contributions or different that such contributions or gifts were not tax deductible? 9 organizations that may receive deductible contributions or different that such contributions or gifts were not tax deductible? 9 organization measure and party of the value of the goods or services provided? 9 the organization into intifferent tax that the provided tax that the provide	ь		2b		ł
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Form 990 (2016) GMA Science and Education Foundation 52-2088235 Page Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and the 'No' response to lines 2 through 7b below, and the 'No' response to lines 2 through 7b below, and the 'No' response to lines 2 through 7b below, and the 'No' response to lines 2 through 7b below, and the 'No' response to lines 2 through 7b below (No' response to lines 2 thr

<u></u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		,	
	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.	1		
b	Enter the number of voting members included in line 1a, above, who are indépendent 1b 10		~ ,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i i		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		172	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent		1 ->	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The graphization's CEO Executive Director, or too management official. See explanation in Sch. O			
	See exploration in Seb. O.	15a		X
þ	Other Unicers of Key employees of the organization	15b	<u> </u>	<u> </u>
40	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			X
	taxable entity during the year?	16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			Ι,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	
Sec	exempt status with respect to such arrangements?	16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	242424		
10	for public inspection. Indicate how you made these available. Check all that apply.	avallaD	110	
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fica-	cial	
13	statements available to the public during the tax year.	וושותו	Cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Mr. Bill Pappas, Board Treasurer and GMA Vice President and Con	tro	מון	r -
	(202) 639-5900: 1350 I Street. NW. Suite 300. Washington. DC 2			

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GMA Science and Education Foundation

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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

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

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

(A) ` Name and Title	(B) Average hours per week	Бoх,	not cl unle:	ss pe	tior more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) Pamela Bailey	37.00	v		X					1 057 000	117/20/
Board Chair [& GMA CEO]	1.00	Λ		Λ		├—	-	<u>′0.</u>	1,857,908.	11/4304.
(2) Leon Bruner	36.50	v				1	Į	0.	443,251.	132,694.
Dir, (& GMA Chief Science Officer) (3) Patrizia Barone	0.50	Λ	-		-	\vdash	\vdash		443,231.	132,034.
Director	0.30	х						0.	0.	0.
(4) Jonathan DeVries	0.50					-	-			
Director		x						٥.	0.	0.
(5) Tim Haley	0.50					ļ		<u>.</u>		
Director		X						0.	0.	0.
(6) Dave Harlan	0.50									
Director		X						0.	0.	0.
(7) Steven Hermansky	0.50									
Director		X	Ĺ		L			0.	0.	0.
(8) Mahipal Kunduru	0.50						ĺ			
Director		X				<u> </u>	<u> </u>	0.	0.	0.
(9) Roger Lawrence	0.50								_	_
Director		X		_	_	<u> </u>		0.	0.	0.
(10) Sean Leighton	0.50						l			
Director		X		L	<u> </u>	<u> </u>	-	0.	0.	0.
(11) Jeff Miller	0.50		İ				ļ			
Director	0 50	X	_	_	_	├	├-	0.	0.	0.
(12) Elsa Murano	0.50	x			1		ì	0.		•
Director	0.50	^	-			┼─	├-	ļ <u>0.</u>	0.	0.
(13) Jeff Semancheck	0.50	х	İ				ļ	0.	0.	_0.
Director Page 7	3.50	^	┢╌	 	├	╁	╁╌	0.	0.	
(14) Bill Pappas, Board Treasurer	34.00	1		X	İ		l	0.	198,852.	80,417.
(& GMA VP & Controller) (15) Steven Leslie, Board Secretary	0.50		├-	-	-	╁	╁	0.	170,032.	00,417.
(& GMA DirProduct Liab. Solutions)	37.00	1		X	l			0.	113,158.	20,384.
(16) Brian Bedard	37.50					1	<u> </u>	<u>*</u>		
Executive Director		1		X				0.	215,923.	52,251.
		<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u>L_</u>	<u> </u>	<u> </u>	

<u>Par</u>	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box offic	not c	(C Posi heck ss pe	d High C) Ition more to rson is irector.	than c	ne an	ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related	amount of other	
		(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	compensal from the organizati and relate organizatio	e on ed
				_								
				-								
										<u></u>		
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but i		nose	liste	ed al	bove) 	> no re	0 • 0 • 0 • cerved more than \$100	2,829,09	0. 2. 14601	0.
 -	compensation from the organization						-			·	Yes	0 No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$15	s <i>uch individual</i> um of reportab	le co	omp	ensa	ation	and	i oth	ner compensation from	••	3 4 X	x
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	accrue compe	nsat	ion i	from	any	unr			idual for services	5	X
1	Complete this table for your five highest counter the organization. Report compensation for										pensation from	
	(A) Name and busines:	s address	N	ON	<u>E</u>				(B) Description of s	services	(C) Compensation	n
				_			_					
						-						
			_									
2	Total number of independent contractors \$100,000 of compensation from the organ	_	not li	mite	d to	_	se lis	sted	above) who received n	nore than		

GMA Science and Education Foundation 52-2088235 Page 8

Form 990 (2016)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
		oneskii danesalo d sone	and a responde	<u>or note to unj</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					1 012 011
Fa		Membership dues	1b					
Q E		Fundraising events	1c					
if a		Related organizations	10					
2 8		Government grants (contribut						
8:3		All other contributions, gifts, gran	-					
ig E	'	similar amounts not included abo	(i	222,204.				
등등				242,204.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines Total, Add lines 1a-1f	: 1a-1f \$		222,204.			
9		Total, Add lines Ta-11		Business Code		 		
	2 2	Contract fees		900099	462,061.	462,061.		
Š	2 a b			900099	176,209.			
Se an	_	a c		900099	10,062.		·	
Program Service Revenue	c d		<u> </u>	300033	10,002.	10,002.		
Pg B				<u> </u>				
P.	e		2010			 		
- }	f	Total. Add lines 2a-2f	ende		648,332.			
	<u>.ყ</u> ვ	Investment income (including	duidondo intor		040,332.			
i	3	· · · · · ·	dividends, inter-	_	4,143.			1 1 1 1 3
		other similar amounts)	v avammt band r	D vanaged D	4,143.			4,143.
	4	Income from investment of ta	x-exempt bond p	oroceeds >	143.	 		143.
1	5	Royalties	() Dool	(v) Daveanal	143.			143.
	6 -	Grass ranta	(i) Real	(ii) Personal				
	6 a			 				
	b	•		 				
	C	• •	L					
Ĩ		Net rental income or (loss)	(A) Convention	(v) Other				
,	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	 					
	D	Less: cost or other basis	1					1
		and sales expenses		 		į		
	C	Gain or (loss)	L					
	a	Net gain or (loss)		_				
e l	ва	Gross income from fundraisin	-					İ
Other Reven		including \$	of	į į				
8		contributions reported on line	•					
je		Part IV, line 18	a					
ᅙ		Less. direct expenses	b	· L)
		Net income or (loss) from fund	_					
	9 а	Gross income from gaming a						
		Part IV, line 19	a					1
		Less direct expenses	b	'L				
		Net income or (loss) from gan	_					
1	10 а	Gross sales of inventory, less		227 264				
		and allowances	a	327,264.				
ì		Less. cost of goods sold		38,826.	200 420	200 420		
	<u>c</u>	Net income or (loss) from sale			288,438.	288,438.		 -
	44	Miscellaneous Revenu		Business Code	i			
	11 a				 			
	b	' 				 		
	C	All other reverse			 			
Ì	d	All other revenue				 		
	e	Total. Add lines 11a-11d Total revenue. See instructions.		, C	1,163,260.	936,770.	0.	4 206
	12				<u> </u>	1 330,//00		4 , 286 . Form 990 (2016)
03200	9 11-1	1-10						FULLE 220 (2016)

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				. X
	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	50.000			
	and domestic governments. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			Ì	
	organizations, foreign governments, and foreign	16 000	16 000		
	Individuals. See Part IV, lines 15 and 16	16,000.	16,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	296,465.	175,521.	106,112.	14,832
6	trustees, and key employees Compensation not included above, to disqualified	230,403.	1/3,341.	100,114.	14,032
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,887.	80,100.	94,481.	9,306.
8	Pension plan accruals and contributions (include		00,100.	31/1011	
Ü	section 401(k) and 403(b) employer contributions)	15,640.	6,813.	8,036.	791
9	Other employee benefits	20,944.	9,123.	10,761.	1,060
10	Payroll taxes	20,581.	10,865.	8,681.	1,035.
11	Fees for services (non-employees).				
	Management	17,000.	8,975.	7,171.	854
b	. , , , T	5,673.	2,995.	2,393.	285
c	, ·	38,470.	20,309.	16,227.	1,934
d	· ·				
е	D - () (d				
f	Investment management fees				
g	00 00 44 1 1 1 100 11 05				
	column (A) amount, list line 11g expenses on Sch O.)	256,903.	256,389.	514.	
12	Advertising and promotion	7,966.	4,347.	3,234.	385.
13	Office expenses	27,522.	21,204.	5,691.	627
14	Information technology				
15	Royalties				
16	Occupancy	26,802.	14,149.	11,306.	1,347
17	Travel	94,406.	85,538.	7,923.	945.
18	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,696.	29,124.	2,298.	274
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	962.	508.	406.	48
23	Insurance	1,500.	792.	632.	76.
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		15,339.	14,942.	354.	43.
b	P 1-11-11	5,500.	2,904.	2,320.	276
C	Mara da da da da	1,174.	620.	495.	59.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,134,430.	811,218.	289,035.	34,177
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				

GMA Science and Education Foundation Form 990 (2016) 52-2088235 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 70,050. 158,561. Cash - non-interest-bearing 1,105,972. 1,159,949. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 96,329 4 321,065. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 10,316. 21,495. Inventories for sale or use 8 2,780. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 4,808. basis Complete Part VI of Schedule D 10a 2,145 2,663. 3,625. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,297,471. 1,655,334. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 88,376. 17 202,923. 17 25,000. Grants payable 18 18 189,486. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 88,376. 417,409. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigvee X \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 1,209,095. 27 1,237,925. 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

> 1,655,334. Form 990 (2016)

1,237,925.

31

32

33

34

1,209,095.

297,471

31

32

33

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

<u>Form</u>	990 (2016) GMA Science and Education Foundation	52-	<u> 2088235</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3	Revenue less expenses Subtract line 2 from line 1	3			30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,20	<u>9,0</u>	<u>95.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8	 		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·	<u>-</u>	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,23	<u>7,9</u>	<u> 25.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				لعا
			<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	0	ļ		ļ
2 a	 		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ.	-	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both.		ľ		
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it		
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	225	<u> </u>
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No 1545-0047

2016

Open to Public Inspection

GMA Science and Education Foundation 52-2088235 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (ı) Name of supported (III) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) **Grocery Manufacturers Association** 53-0114930 10 X 0. 0. Note that the supported organization is a 501(c)(6)

Schedule A (Form 990 or 990 EZ) 2016 GMA Science and Education Foundation 52-2088235 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total

Amounts from line 4						
dividends, payments received on					ļ	
securities loans, rents, royalties	ļ ļ					
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income Do not include gain						
or loss from the sale of capital	1					
assets (Explain in Part VI)		<u> </u>	<u> </u>			
Total support. Add lines 7 through 10						
Gross receipts from related activities,	etc (see instruction	ons)			12	
	securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here

	organization, check this box and stop here		 	ᆚ
Sec	ction C. Computation of Public Support Percentage		 	
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14		%

15	Public support percentage from 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore.	check this box and

ou oo word support tost	20 10; if the organization did not officer the box on the for did mile 14 is oc	17070 OF INOTO, OFFICIAL THE BOX GITS
stop here. The organiz	ation qualifies as a publicly supported organization	
b 33 1/3% support test	- 2015. If the organization did not check a box on line 13 or 16a, and line 15	is 33 1/3% or more, check this box

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/	3% or more, check thi	s box
and stop here. The organization qualifies as a publicly supported organization		
- 400/ - 6-14 - 14 - 15 - 15 - 15 - 15 - 15 - 15 -	h	

17a	i 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line	 14 is 10% or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI ho	w the organization
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	

_18	Private foundation.	If the organization d	id not check a box or	<u> line 13, 16a, 1</u> 6b	, 17a, or 17b	, check this box and	l see instructions

Schedule A	Form	990 or	990-	.F7)	2010
Scriedule A		330 01	330.		20 II

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				İ		
	ınclude any "unusual grants.")					<u> </u>	<u></u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						i
6	Total, Add lines 1 through 5					1	
	a Amounts included on lines 1, 2, and			 	<u> </u>		
7 6	3 received from disqualified persons						
ı	3) Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)					 	
	ction B. Total Support		·	I	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) 2012	(6) 2013	(6) 2014	(a) 2013	(e) 2010	(i) Total
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses		ļ				l
	acquired after June 30, 1975					<u>L</u>	L
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		L	<u> </u>	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
_	check this box and stop here						
<u>Se</u>	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (In	ne 8, column (f) d	livided by line 13, (column (f))		15	%
	Public support percentage from 2015					16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	:015 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	id stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
1	b 33 1/3% support tests - 2015. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The org	anızation qualıfies	as a publicly sup	ported organization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	ΑII	Supporting	Orga	nizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
į	İ		l
	1	_X_	
	2		_X_
		v	
	3a	X	
		.,,	
	3b	Х	
	3c	X	
	4a		X
	4b		
	70		
	i		
	4c		
			v
	5a	_	<u>X</u>
	5b		
	5c		
	6	Х	
	7		X
			x
	8		
			v
ı	9a_		_X_
	9b	<u> </u>	X
	9c		х
ı			
	10a		х
	10b 90 or 99	20-F7	2016
			,

	rdule A (Form 990 or 990 EZ) 2016 GMA Science and Education Foundation 52-2 rt IV Supporting Organizations (continued)	08823	5 Pa	ige 5
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		ĺ
	below, the governing body of a supported organization?	11a	,	X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ļ	İ
	controlled the organization's activities If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	- }		l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1	x	İ
2	Did the organization operate for the benefit of any supported organization other than the supported		-	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			x
500	supervised, or controlled the supporting organization	2		
360	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- }		İ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1	L	<u> </u>
Sec	tion D. All Type III Supporting Organizations			—-
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ļ	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's		Ì	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		ĺ
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstructions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		[
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- 1	1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	}	1
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
		0.5		1
_	activities but for the organization's involvement.	2b	┼──	
3	Parent of Supported Organizations Answer (a) and (b) below.	- }	1	1
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		 -
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		}	1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	1 3b	1	1

Part V Type II Non-Functionally Integrated 509(a)(3) Supporting Organizations Content of the content of the integral Part Test as a qualifying frust on Nov 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (Coptional)	Sche Par	dule A (Form 990 or 990-EZ) 2016 GMA Science and Educati			52-2088235 Page 6
other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (poptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 Add lines 1 through 3 5 Deprecation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 Aggregate far market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). 2 Average monthly value of securities 3 Average monthly value of securities 4 O Total (add lines 1a, 1b, and 1c) 5 Discount claimed for blockage or other factors (explain in debtail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 5 Discount claimed for blockage or other factors (explain in debtail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount 5 Current Year	Ь	Typo in ton 1 diloctoriany integrated ecota/(e) eapporting			- Dart M
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gam 1 1 2 Recoveres of prior year distributions 2 2 3 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or anianteriance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). a Average monthly value of securities b Average monthly value of securities 1 Aggregate fair market value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 c Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of one-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.35 7 Recoverse of prior year distributions 7 Recoverse of prior year distributions 8 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 8 Enter greater of line 2 or line 3 9 Income tax imposed in prior year 6 Distributable Amount Current Seption In 1 9 Income tax imposed in prior year 9 Income tax imposed in prior year 1 Income tax imposed in prior year	1				in Part VI.) See instructions. All
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7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year). 2 Average monthly value of securities 3 Average monthly value of other non-exempt-use assets 4 Total (add lines 1a, 1b, and 1c) 6 Discount claimed for blockage or other factors (explain in detail in Part VI) 7 Acquisition indebtedness applicable to non-exempt-use assets 9 Acquisition indebtedness applicable to non-exempt-use assets 9 A Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 9 Net value of non-exempt-use assets (subtract line 4 from line 3) 9 A Multiply line 5 by 035 9 A Multiply line 5 by 035 9 A Minimum Asset Amount (add line 7 to line 6) 9 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 A Enter greater of line 2 or line 3 1 A Insumma asset amount for prior year (from Section B, line 8, Column A) 1 Enter greater of line 2 or line 3 1 Income tax imposed in prior year 1 A formal many subtract line 5 from line 4, unless subject to					
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7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		6		
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Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	8		8		
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4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
			+ * +		
	J				
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7	F		ted Type III supporting a	rganization (see
instructions)	•		i, iiitogia	to a Type in supporting t	ngamzanon (368

Schedule A (Form 990 or 990-EZ) 2016

Sche Pa r	dule A (Form 990 or 990 EZ) 2016 GMA Science at tV Type III Non-Functionally Integrated 509			2-2088235 Page 7
	on D - Distributions	(a)(o) capporting orgi	anizations (commuco)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	• • • • • • • • • • • • • • • • • • • •		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions	• •		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
,		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
<u>d</u>	Excess from 2015			
۵	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 GMA Science and Education Foundation 52-2088235 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)
Part IV, Section A, Line 3b:
The supported organization of the GMA Science and Education Foundation
is the Grocery Manufacturers Association, a tax-exempt organization
under IRC 501(c)(6). A pro-forma support test calculation (Schedule A,
Part III) is completed each year for the Grocery Manufacturers
Association to document that the IRC Section 509(a)(2) public support
test would be met.
Part IV, Section A, Line 3c:
In 2016, the GMA Science and Education Foundation paid \$5,000 to the
Grocery Manufacturers Association, its supported organization, to
purchase exhibit space at the Science Forum conference held by the
Grocery Manufacturers Association. This was an educational conference
for which there was no lobbying component.
All activities of the GMA Science and Education Foundation are
charitable and designed to benefit the general public through
scientific and educational contributions to the food and consumer
products industries. These activities are also aligned with the goals
of the Grocery Manufacturers Association and its members.
·
Part IV, Section A, Line 6:
In 2016 the GMA Science and Education Foundation made contribution
awards to three different entities. These three entities were not
related to the Foundation or to the Foundation's supported
organization, the Grocery Manufacturers Association, nor were they

Schedule A (Form 990 or 990 EZ) 2016 GMA Science and Education Foundation	52-2088235 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part V, Section E, lines 2, 5, and 6. Also co	and 2, Part IV, Section C, , Section B, line 1e, Part V,
(See instructions.)	
members of the Grocery Manufacturers Association. The awar	ds made by
the Foundation were to support various food safety training	programs
and objectives, a direct focus of the Foundation and of the	Grocery
Manufacturers Association. These three awards are detailed	in
Schedules F and I of this Form 990.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ce and Education Foundation

Employer identification number 52-2088235

Pa	rt I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		o et i to de attes ostripioto il trio
	organization anowards 100 on com 550, run 11, mile	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	end funds
3	are the organization's property, subject to the organization's e	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor ad	•	
·	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e g , recreation or ed		torically important land area
	Protection of natural habitat	 7	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic strue	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax
	year >		-
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
<u> </u>	conservation easements.	<u> </u>	<u> </u>
Ра	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	•		
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of pi	ublic 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		\$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	b (ASC 958) relating to these items.	.
a	Revenue included on Form 990, Part VIII, line 1		. 5

		ence and E						52-20		
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Ti	reasures, o	or Othe	er Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	t are a s	ignificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	C			change progra	ıms				
ь	Scholarly research	€	• 📙 0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how the	y further t	the organizatio	on's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hist	toncal trea	asures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the c	organizatio	on answered "	'Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for co	ontributio	ns or other as:	sets not	included		 -	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble.						
							L		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	<u>_</u>		
f	Ending balance						1f	L		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or c	custodial acco	unt liabi	lity?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	has beer	n provided on	Part XII	<u> </u>			
Par	t V Endowment Funds. Complete i	f the organization ai	nswered "	Yes" on F	orm 990, Part	IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance				<u></u>					
b	Contributions				<u> </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities						-			
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column ((a)) held as					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that	are held a	and administe	red for t	he organi	zation		
	by	_					•		<u> </u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations						•	•	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requ	ired on Sc	hedule R'	?				3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Par	t VI Land, Buildings, and Equipm						·			
	Complete if the organization answere		0, Part IV.	line 11a	See Form 990), Part X	, line 10.			
	Description of property	(a) Cost or o			t or other		ccumulat	ed	(d) Book	value
	- coonpact property	basis (invest	1		(other)	٠.	preciation	ı	(4) 500	14.45
12	Land				``					
	Buildings							- 		
	Leasehold improvements									
	Equipment				4,808.		2,1	45		,663.
	Other .	-			1,000.		<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Add lines 1a through 1e (Column (d) must e	aual Form 000. Par	t Y. colum	n (P) Inn	100 \	-	-			663.

			44. 6. 6	
19) Heerrin'	Complete if the organization answered "Yes" of tion of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		e 12 Cost or end-of-year market value
	 	(D) DOOK VAIDE	(c) wellou of valuation:	Jost of end-orgeat market value
•	al derivatives			
	held equity interests			
Other		 		
(A)				
(B)				
(C)			 	
(D) (E)				
(F)		 		
(G)				
(H)			 	
	o) must equal Form 990, Part X, col. (B) line 12.)		 	
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X Im	o 13
	(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	.,	4-7	,,,	,
(2)				
(3)				
(4)				
(5)		<u></u>		
(6)				
(7)				
(8)				
(9)			<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
		on Form 990, Part IV, line	11d See Form 990, Part X, lir	ne 15
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d See Form 990, Part X, Irr	te 15 (b) Book value
	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Ir	
(1)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" of		11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [Description	11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [Description	11d See Form 990, Part X, Irr	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) etal. (Columerat X) (1) Fed (2)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colument X) (1) Fed (2) (3)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columeration X) (1) Feed (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columbia X (1) Fed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation (C	Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	11e or 11f. See Form 990, Pa	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 GMA Science and Education Foundation 52-2088235 Page 3

	dule D (Form 990) 2016 GMA Science and Education		52-2088235 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	leturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l <u>.</u>	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1 35,999,952.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:]
а	Net unrealized gains (losses) on investments	2a	<u> </u>
b	Donated services and use of facilities	2b	1
С	Recovenes of pnor year grants	2c	
d	Other (Describe in Part XIII.)	2d 34,797,866.	
е	Add lines 2a through 2d		2e 34,797,866.
3	Subtract line 2e from line 1		3 1,202,086.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>j</u>
b	Other (Describe in Part XIII)	4b <38,826.	. ⊳
С	Add lines 4a and 4b		4c <38,826.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1,163,260.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1 35,579,620.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	1
b	Prior year adjustments	2b]
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d 34,445,190.	1
е	Add lines 2a through 2d	-	2e 34,445,190.
3	Subtract line 2e from line 1		3 1,134,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1 1
c	Add lines 4a and 4b		4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 1,134,430.
Pai	t XIII Supplemental Information.		
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		4, Part X, line 2, Part XI,
Pai	ct X, Line 2:		
Ma-	onemant marriage and company all cativiti	11 +	A
<u>mai</u>	<u>agement reviews and assesses all activiti</u>	es annually to 1	dentiry any
<u>cha</u>	anges in the scope of the activities and r	evenue sources a	and the tax
tre	eatment thereof to identify any uncertaint	y in income tax.	For the year
		•	—
	ded December 31, 2016, management did not		
inc	come tax requiring recognition or disclosu	re in the financ	ial
sta	atements.		
<u>Pai</u>	ct XI, Line 2d - Other Adjustments:		
Rev	venue of entities other than the Foundatio	on included in th	ie
COI	nsolidated audited financial statements, n	et of	
	imination entries_		34,797,866.
_			

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 GMA Science and Education Foundation [Part XIII] Supplemental Information (continued)	52-2088235 Page 5
Part XI, Line 4b - Other Adjustments:	
Cost of goods sold (netted with revenue on the Form 990)	-38,826.
Part XII, Line 2d - Other Adjustments:	
Expenses of entities other than the Foundation included in	the
consolidated audited financials statements, net of	
elimination entries	34,406,364.
Cost of goods sold (netted with revenue on the Form 990)	38,826.
Total to Schedule D, Part XII, Line 2d	34,445,190.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Open to Public

OMB No 1545-0047

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

Inspection

Schedule F (Form 990) 2016

Employer identification number

GMA Science and	Educati	on Found	ation	52-208823	35
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
 Form 990, Part IV					
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
3 Activities per Region (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
East Asia and the	0	0	Program services and grants	Food safety trainings, including translation of training guides.	88,869.
Central America and					170 447
the Caribbean	0		Program services	Food safety trainings.	170,447.
			_		
					<u> </u>
3 a Sub-total	C	0			259,316,
b Total from continuation					
sheets to Part I		0			0.
c Totals (add lines 3a		}			
and 3b)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	259 316.

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Page 2

GMA Science and Education Foundation

52-2088235

Schedule F (Form 990) 2016

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (I) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement as of year-end N/A - Accrued (f) Manner of 16,000 of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Supplier Food Safety to support the China (d) Purpose of Praining Program grant Sast Asia and the (c) Region Pacific Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization က Page 3

Schedule F (Form 990) 2016 GMA Science and Education Foundation 52-2088235

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2016

	(h) Methód of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
	(g) Description of noncash assistance					Schedul
	(f) Amount of noncash assistance					
	(e) Manner of cash disbursement					
!	(d) Amount of cash grant					
	(c) Number of (d) Amount of recipients cash grant					
ditional space is neede	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

chedi	de F (Form 990) 2016 GMA Science and Education Foundation	<u> 52-2088235</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
		•	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621.		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	F7	r==
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 GMA Science and Education Foundation	52-2088235 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting	ig method, amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information	
Part I, Line 2:	
The Foundation is in regular contact with the grantee, the	Shanghai Jiao
Tong University, and requires regular reporting regarding	the progress
and status of the China Supplier Food Safety Program that	the
contribution of funds it provided was to support.	
Part I, line 3:	
Reported expenditures have been recognized on the accrual	basis.
	

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

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

OMB No 1545-0047 2016

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

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

Open to Public Inspection

Name of the organization	;; ;; ;; ;;					-	Employer identification number
Part General Information on Grants and Assistance	SCIETICE AND EQUESION OF A Grants and Assistance		וומשרדסוו				74-40004-30
1 Does the organization maintain records to substantiate the amount of	to substantiate th		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	zations and Domestic	c Governments. C	omplete if the orga	ınızatıon answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Partnership for Food Safety Education - 2345 Crystal Drive, Suite 800 - Arlington, VA 22202	75-2977151	501(c)(3)	25,000.	0			General support
University of Tennessee 2621 Morgan Circle 205 Morgan Hall Knoxville TN 37996	62-6001636	501(c)(3)	25,000.	0			Support of the "Hands On" program,
Į							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	ganizations listed in the 1 table	listed in the line 1 table				2.0

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Schedule I (Form 990) (2016)

(f) Description of noncash assisfance (e) Method of valuation (book, FMV, appraisal, other) and provided general support in 2016. Representatives from the Foundation During 2016 the Foundation also made an award of \$25,000 to the University particular project that directly aligns with the Foundation's mission and The Foundation has worked with the Partnership for Food Safety Education Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information 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. Contributions are only made to organizations that have a mission or attend conferences and meetings of the Partnership for Food Safety (d) Amount of non-cash assistance after the organization has been vetted by the Foundation. (c) Amount of cash grant Education and receive reports on accomplishments. (b) Number of recipients (a) Type of grant or assistance Part I, Line 2: Part III

Schedule I (Form 990) (2016)

632102 11-01-16

Page 2

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GMA Science and Education Foundation

Schedule I (Form 990) (2016)

Schedule I (Form 990) GMA Science and Education Foundation Part IV Supplemental Information	52-2088235 Page 2
of Tennessee specifically for its "Hands On" program which	n is supported by
the Foundation and USDA. The Foundation receives reports	from the
University of Tennessee regarding this program's accomplis	shments.
	-
	The state of the s

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.

Name of the organization

Department of the Treasury

Internal Revenue Service

form990. Inspection
Employer identification number

OMB No 1545-0047

Open to Public

GMA Science and Education Foundation 52-2088235 **Questions Regarding Compensation** Yes No 1a 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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. X 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 Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 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 a The organization? Х 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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. a The organization? 6a Х Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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Regulations section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2016

Page 2

52-2088235

GMA Science and Education Foundation

Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(I)-{(ii) 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 W-2	W-2 and/or 1099-MK	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Pamela Bailev	ε	0	0	0	0	0	0	0
임		1,259,24	560,106.	38,556.	1,139,681.	34,703.	3,032,29	373,404.
(2) Leon Bruner	Ξ	0	0	0.	0	0		
Dir, (& GMA Chief Science Officer)	▣	369,251.	74,000.	0	111,150.	21,544.	575,945.	74,000.
(3) Bill Pappas, Board Treasurer	Ξ	0	0.	0.	0	0	0	0
(& GMA VP & Controller)	▣	178,852.	20,000.	0.	. 66, 393.	20,024.	279,269.	20,000.
(4) Brian Bedard	(3)	0	0.	0	0	• 0		0
Executive Director	Ξ	213,923.	2,000.	0	51,168.	1,083.	268,174.	2,000.
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(0)							
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	<u>(ii)</u>							
	(i)							
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	Θ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

SCHEDULE'O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization GMA Science and Education Foundation	52-2088235
Form 990, Part III, Line 1, Description of Organization !	Mission:
safe food and consumer products. The Foundation also ser	rves to further
enhance the Grocery Manufacturers Association as a recogn	nized world
leader in food science and safety.	
Form 990, Part VI, Section A, line 3:	
The Foundation's operations are managed by its parent con	mpany, the Grocery
Manufacturers Association, and all employees who spend to	ime on Foundation
activities are employees of the Grocery Manufacturers Ass	sociation.
Form 990, Part VI, Section A, line 4:	
The Foundation adopted amended bylaws on September 15, 2	016 which included
the following changes reportable per the Form 990 instru	ctions:
a) Change in the number of directors from "not less than	three" to "not
more than ten"; and	
b) Change in the term for directors from open ended to a	three-year term
and a minimum of 2 consecutive terms and no more than 3	consecutive terms.
·	
Form 990, Part VI, Section A, line 6:	
Pursuant to the Foundation's governing documents, the so	le member of the
Foundation is the Grocery Manufacturers Association.	
Form 990, Part VI, Section A, line 7a:	
The Board of Directors of the Foundation is determined by	y the Foundation's
sole member, the Grocery Manufacturers Association.	

•	
Schedule O (Form 990 or 990-EZ) (2016)	Dona O
Name of the organization	Page 2 Employer identification number
GMA Science and Education Foundation	52-2088235
Form 990, Part VI, Section A, line 7b:	
Decisions made by the Board of Directors of the Foundation	on are subject to
approval by the Foundation's sole member, the Grocery Man	ufacturers
Association.	
Form 990, Part VI, Section A, line 8b:	
The Foundation has no established board committees. Acco	ordingly, this
question is not applicable but pursuant to the IRS instru	ctions, when this
line is not applicable, it is to be answered "no".	
Form 990, Part VI, Section B, line 11b:	
The Foundation's Federal Form 990 is reviewed by the acco	ounting staff of
the Grocery Manufacturers Association (GMA), including th	ne Director of
Accounting, the Controller and the CFO. Such review take	es place upon
receipt of the draft Form 990 received from the independe	ent public
accounting firm who conducts the consolidated financial s	statement audit of
GMA of which the Foundation is a part. The review involve	res comparison of
financial data in the Form 990 with the audited financial	statements and
review of all narrative information for accuracy and comp	oleteness.
Form 990, Part VI, Section B, Line 12c:	
In addition to the written conflict of interest policy, t	the Foundation
regularly reviews antitrust provisions, which specificall	y address conflict
of interest provisions, at board meetings. In the event	of any actual or

perceived conflict, the Board determines what action is appropriate, if

Total expenses

632212 08-25-16

127,222.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization Employer identification number GMA Science and Education Foundation 52-2088235 The President and other officers of the Foundation are compensated by the Foundation's parent organization, the Grocery Manufacturers Association (GMA). The Foundation did not have any employees in 2016 and did not directly compensate any officer, director or key employee. As such, Part VI, Section B, question 15 is answered "no" in acccordance with the IRS's instructions since the Foundation did not directly compensate any individual. GMA's compensation structure provides that comparability data is gathered from a variety of publicly available sources, including published survey data and Form 990's. Specific to the President and CEO of GMA, who serves on the Board of the Foundation, 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 employees are reviewed by an independent consultant and GMA's CEO. Form 990, Part VI, Section C, Line 18: The Foundation makes its Federal Form 990 available upon request. Form 990, Part VI, Section C, Line 19: The Foundation will consider making its governing documents, conflict of interest policy and financial statements available upon request. Form 990, Part IX, Line 11g, Other Fees: GMA Contractors - for research, class instruction, etc.: Program service expenses 127,222. Management and general expenses 0. Fundraising expenses 0.

Schedule O (Form 990 or 990-EZ) (2016)

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization GMA Science and Education Foundation	Employer identification number 52-2088235
the year ended December 31, 2016. As reported in Schedu	le A of this
Form 990, the GMA Science and Education Foundation was in	corporated as
a supporting organization to the Grocery Manufacturers As	sociation
under Internal Revenue Code Section 509(a)(3). The Found	ation's
contribution income in 2016 was predominately from the me	mbers of the
Grocery Manufacturers Assocation without specific signifi	cant
fundraising efforts by the Foundation.	

Employer identification number 52-2088235 Open to Public Inspection OMB No 1545-0047 2016 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ► Attach to Form 990. GMA Science and Education Foundation Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

Part

Direct controlling entity End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year	ations. Complete if the organization a	f the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt), Part IV, line 34 bo	ecause it had one or	more related tax-exen	npt	
(a)	(q)	(0)	(p)	(ə)	(4)	(6)	477
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(SL)(a)z led
of related organization		foreign country)	section	status (if section	entity	entity?	ر.
				501(c)(3))		Yes	No
Grocery Manufacturers Association (GMA) -	GMA represents the world's						
53-0114930, 1350 I Street, NW Suite 300,	leading food, beverage &						
Washington DC 20005	consumer products co's,	Delaware	501(c)(6)				×
	1						
	ı						

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

Schedule R (Form 990) 2016

Page 2 52-2088235

GMA Science and Education Foundation

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 Schedule R (Form 990) 2016 Part III

General or Percentage managing ownership 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 € Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Yes No Disproportionate allocations? Ξ Share of end-of-year assets 9 Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u> Part IV

Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership Ξ Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization <u>a</u>

Schedule R (Form 990) 2016

Page 3

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GMA Science and Education Foundation Schedule R (Form 990) 2016

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

mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ig the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
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- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- - Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Shanng of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

relationships and transaction thresholds.	9
nplete this line, including covered r	
iformation on who must con	-
Yes," see the instructions for in	(e)
2 If the answer to any of the above is "\"	

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(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) Grocery Manufacturers Association	M	210,750.	210,750.Fair value
(2) Grocery Manufacturers Association	0	676,137.	676,137. Fair value
(3) Grocery Manufacturers Association	O	397,721.	397,721. Fair value
(4)			
(5)			
(9)			
632163 09-06-16			Schedule R (Form 990) 2016

Page 4

Schedule R (Form 990) 2016 GMA Science and Education Foundation

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

	(4)	(9)	(6)		6)	(3)	3	(i)	3	(8)
(a)	· (c)		3		Ξ.	9		(n)	€ ((<u>)</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501	501(c)(3)	Snare of total	Snare or end-of-year	tonate	usprogor CODE V-UBI General or Percentage to the transfer of managing ownership	managin	r Percentage ownership
		country)	excluded from tax under sections 512-514)		ıncome	assets	Yes No	(Form 1065)	Yes	
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Schedule R	(Form 990) 2016	GMA	Science	and	Education	Foundation	52-2088235 Page	5
Part VII	(Form 990) 2016 Supplemental Infor	mation	-					_
·	Provide additional informa	ation for r	enonese to au	actions /	on Schodula B. Saa	inetri ictione		
	Flovide additional inform	audit for t	esponses to qui	estions	on Scriedule n. See	instructions .		—
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