

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1 Cash—non-interest-bearing	100,421	102,683	102,683			
	2 Savings and temporary cash investments						
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____						
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	11,224					
	5 Grants receivable						
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)						
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____						
	8 Inventories for sale or use						
	9 Prepaid expenses and deferred charges	5,269	6,638	6,638			
	10a Investments—U S and state government obligations (attach schedule)						
	b Investments—corporate stock (attach schedule)						
	c Investments—corporate bonds (attach schedule)						
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____						
	12 Investments—mortgage loans						
	13 Investments—other (attach schedule)						
	14 Land, buildings, and equipment basis ▶ _____ 15,000 Less accumulated depreciation (attach schedule) ▶ 15,000						
15 Other assets (describe ▶ _____)							
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	116,914	109,321	109,321				
Liabilities	17 Accounts payable and accrued expenses	11,224					
	18 Grants payable						
	19 Deferred revenue	83,287	90,250				
	20 Loans from officers, directors, trustees, and other disqualified persons						
	21 Mortgages and other notes payable (attach schedule)						
	22 Other liabilities (describe ▶ _____)						
	23 Total liabilities (add lines 17 through 22)	94,511	90,250				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24 Unrestricted						
	25 Temporarily restricted						
	26 Permanently restricted						
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27 Capital stock, trust principal, or current funds	0	0				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0				
	29 Retained earnings, accumulated income, endowment, or other funds	22,403	19,071				
30 Total net assets or fund balances (see instructions)	22,403	19,071					
31 Total liabilities and net assets/fund balances (see instructions) .	116,914	109,321					

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	22,403
2 Enter amount from Part I, line 27a	2	-3,332
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	19,071
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	19,071

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	600,494	97,931	6 131807
2014	580,200	86,744	6 688647
2013	382,230	68,972	5 541814
2012	341,850	34,272	9 974615
2011	0	0	0 000000

2 Total of line 1, column (d)	2	28 336883
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	5 667377
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	121,922
5 Multiply line 4 by line 3	5	690,978
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	690,978
8 Enter qualifying distributions from Part XII, line 4	8	563,970

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE, MA, RI, CT, CA, NH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW UNFIFOUNDATION ORG	13	Yes	
14	The books are in care of JEFFREY FONTAINE Telephone no (401) 528-8634			

Located at **313 IRON HORSE WAY PROVIDENCE RI** ZIP+4 **02903**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/> 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
	<i>If "Yes" to 6b, file Form 8870</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	

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

[illegible][illegible]

Total number of other employees paid over \$50,000.	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE UNFI FOUNDATION IS COMMITTED TO PROMOTING HEALTHY, SUSTAINABLE AND ORGANIC FOOD PRODUCTION AND CONSUMPTION. WE SUPPORT THOSE ORGANIZATIONS THAT SUPPORT ORGANIZATIONS THAT FOSTER THE NEXT GENERATION OF SUSTAINABLE AND ORGANIC FARMERS (17 ENTITIES) - \$192,500 INCREASE ORGANIC FOOD PRODUCTION AND CONSUMPTION (6 ENTITIES) - \$70,057 PROVIDE RESEARCH AND SCIENCE TO DEVELOP ORGANIC FARMING PRACTICES (4 ENTITIES) - \$72,213 PROTECTING THE BIODIVERSITY OF OUR SEED SUPPLY, AND THE STEWARDSHIP OF GENETIC RESOURCES OF ORGANIC SEED (6 ENTITIES) - \$85,000 TEACH SUSTAINABLE FARMING PRACTICES THAT PROMOTE CONSERVATION OF RESOURCES (14 ENTITIES) - \$133,337 TOTAL \$553,107	553,107
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	123,779
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	123,779
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	123,779
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,857
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	121,922
6	Minimum investment return. Enter 5% of line 5.	6	6,096

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

1	Minimum investment return from Part X, line 6.	1	6,096
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	6,096
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	6,096
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,096

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	563,970
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	563,970
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	563,970

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				6,096
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012. 340,136				
c From 2013. 378,781				
d From 2014. 575,863				
e From 2015. 585,584				
f Total of lines 3a through e.	1,880,364			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 563,970				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				6,096
e Remaining amount distributed out of corpus	557,874			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,438,238			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,438,238			
10 Analysis of line 9				
a Excess from 2012. 340,136				
b Excess from 2013. 378,781				
c Excess from 2014. 575,863				
d Excess from 2015. 585,584				
e Excess from 2016. 557,874				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

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

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

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

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

c Any submission deadlines

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

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

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	553,107
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			01	-10,959	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). . .		0		-10,959	0
13 Total. Add line 12, columns (b), (d), and (e).			13		-10,959

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

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

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

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

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

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

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEVEN SPINNER	PRESIDENT 0 50	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
SUSAN ROBERTS	DIRECTOR 0 50	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
THOMAS DZIKI	DIRECTOR 0 50	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
MICHAEL FUNK	DIRECTOR 0 50	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
MELODY MEYER	EXECUTIVE DIRECTOR 8 00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
ALISHA REAL	SECRETARY 8 00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
LISA N'CHONON	TREASURER 3 00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
JOHN PARIS	TREASURER 3 00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AGRICULTURE AND LAND-BASED TRAINING ASSOCIATION PO BOX 6264 SALINAS, CA 93912		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
ANGELIC ORGANICS LEARNING CENTER 1547 ROCKTON RD CALEDONIA, IL 61011		PC	NEXT GENERATION OF ORGANIC FARMERS	15,000
CALIFORNIA CERTIFIED ORGANIC FARMERS (CCOF) 2155 DELAWARE AVE SUITE 150 SANTA CRUZ, CA 95062		PC	NEXT GENERATION OF ORGANIC FARMERS	20,000
CALIFORNIA CLIMATE AND AGRICULTURE NETWORK PO BOX 1366 SEBASTOPOL, CA 95473		PC	INCREASING ORGANIC AGRICULTURE	10,000
CALIFORNIA FARMLINK 303 POTRERO ST SUITE 29-201 SANTA CRUZ, CA 95060		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
Total ► 3a				553,107

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472		PC	TEACHING ORGANIC FARMING PRACTICES	12,500
CLOUD MOUNTAIN FARM CENTER 6906 GOODWIN RD EVERSON, WA 98247		PC	NEXT GENERATION OF ORGANIC FARMERS	7,500
FAMILYFARMED 7115 W NORTH AVE 504 OAK PARK, IL 60302		PC	NEXT GENERATION OF ORGANIC FARMERS	15,000
FARMER VETERAN COALITION 4614 2ND ST STE 4 DAVIS, CA 95618		PC	NEXT GENERATION OF ORGANIC FARMERS	5,000
FARMERS LEGAL ACTION GROUP 6 5TH ST W STE 650 SAINT PAUL, MN 55102		PC	TEACHING ORGANIC FARMING PRACTICES	5,000
Total ▶ 3a				553,107

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FELIX GILLET INSTITUTE PO BOX 942 NORTH SAN JUAN, CA 95960		PC	SEED BIODIVERSITY	25,000
FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS INC PO BOX 12311 GAINESVILLE, FL 32604		PC	TEACHING ORGANIC FARMING PRACTICES	10,000
FOOD WHAT 1156 HIGH STREET SANTA CRUZ, CA 95064		PC	TEACHING ORGANIC FARMING PRACTICES	12,000
FOODCORPS INC 2544 NW UPSHUR ST PORTLAND, OR 97210		PC	TEACHING ORGANIC FARMING PRACTICES	25,000
FORAGE PO BOX 358256 GAINSVILLE, FL 32635		PC	TEACHING ORGANIC FARMING PRACTICES	10,000
Total ▶ 3a				553,107


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF ZENGER FARM 11741 SE FOSTER RD PORTLAND, OR 97266		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061		PC	TEACHING ORGANIC FARMING PRACTICES	2,500
KITCHEN TABLE ADVISORS 405 14TH STREET SUITE 164 OAKLAND, CA 94612		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
LIFE LAB SCIENCE PROGRAM 1156 HIGH ST SANTA CRUZ, CA 95064		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
MIDWEST ORGANIC AND SUSTAINABLE EDUCATION SERVICE PO BOX 339 SPRING VALLEY, WI 54767		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
Total ► 3a				553,107

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY INC 3040 CONTINENTAL DRIVE BUTTE, MT 59701		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
NATIONAL SUSTAINABLE AGRICULTURE COALITION 110 MARYLAND AVE NE WASHINGTON, DC 20002		PC	INCREASING ORGANIC AGRICULTURE	10,000
NATIONAL YOUNG FARMERS COALITION PO BOX 1074 HUDSON, NY 12534		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
NOFAMASS 411 SHELDON ROAD BARRE, MA 01005		PC	NEXT GENERATION OF ORGANIC FARMERS	5,000
ORGANIC ASSOCIATION OF KENTUCKY PO BOX 22244 LEXINGTON, KY 40522		PC	TEACHING ORGANIC FARMING PRACTICES	10,000
Total ► 3a				553,107

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ORGANIC FARMING RESEARCH FOUNDATION PO BOX 440 SANTA CRUZ, CA 95061		PC	RESEARCH AND SCIENCE	15,000
ORGANIC SEED ALLIANCE PO BOX 772 PORT TOWNSEND, WA 98368		PC	SEED BIODIVERSITY	25,000
PCC FARMLAND TRUST 1402 3RD AVE SEATTLE, WA 98101		PC	TEACHING ORGANIC FARMING PRACTICES	10,000
PESTICIDE ACTION NETWORK NORTH AMERICA 1611 TELEGRAPH AVENUE SUITE 1200 OAKLAND, CA 94612		PC	INCREASING ORGANIC AGRICULTURE	15,000
PIE RANCH PO BOX 363 PESCADERO, CA 94060		PC	TEACHING ORGANIC FARMING PRACTICES	15,000
Total ▶ 3a				553,107

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
REGENTS OF THE UNIVERSITY OF CALIFORNIA (UNIVERSITY OF CALIFORNIA DAVIS) 1 SHIELDS AVENUE DAVIS, CA 95616		PC	TEACHING ORGANIC FARMING PRACTICES	10,000
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SANTA CRUZ - CASFS 1156 HIGH ST SANTA CRUZ, CA 95064		PC	NEXT GENERATION OF ORGANIC FARMERS	25,000
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2150 SHATTUCK AVE SUITE 300 BERKELEY, CA 94704		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
RHODE ISLAND ORGANIC FARMER TRAINING FACILITY 1005 MAIN STREET STE 2107 PAWTUCKET, RI 02860		PC	TEACHING ORGANIC FARMING PRACTICES	5,000
ROCKY MOUNTAIN SEED ALLIANCE PO BOX 4736 KETCHUM, ID 83340		PC	SEED BIODIVERSITY	15,000
Total ► 3a				553,107

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530		PC	NEXT GENERATION OF ORGANIC FARMERS	10,000
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA PO BOX 640 PITTSBORO, NC 27312		PC	INCREASING ORGANIC AGRICULTURE	10,000
SEED SAVERS EXCHANGE 3094 NORTH WINN ROAD DECORAH, IA 52101		PC	SEED BIODIVERSITY	10,000
SUSTAINABLE FOOD LAB 3 LINDEN ROAD HARTLAND, VT 05048		PC	SEED BIODIVERSITY	10,000
THE LAND CONNECTION FOUNDATION 206 NORTH RANDOLPH STE 400 CHAMPAIGN, IL 61820		PC	INCREASING ORGANIC AGRICULTURE	9,722
Total 				553,107
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE ORGANIC CENTER INC 444 N CAPITOL ST NW WASHINGTON, DC 20001		PC	RESEARCH AND SCIENCE	30,000
THE ORGANIC CENTER INC 444 N CAPITOL ST NW WASHINGTON, DC 20001		PC	TEACHING ORGANIC FARMING PRACTICES	6,337
THE ORGANIC CENTER INC 444 N CAPTIOL ST NW WASHINGTON, DC 20001		PC	INCREASING ORGANIC AGRICULTURE	15,335
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 278 S MAIN ST ST ALBANS, VT 54780		PC	RESEARCH AND SCIENCE	27,213
Total ▶ 3a				553,107

TY 2016 Accounting Fees Schedule**Name:** UNFI FOUNDATION

C/O JEFFREY FONTAINE

EIN: 45-5023490

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	16,675	0		4,500

TY 2016 Other Expenses Schedule**Name:** UNFI FOUNDATION

C/O JEFFREY FONTAINE

EIN: 45-5023490**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	695	0		695
INSURANCE	841	0		841
BANK FEES	1,467	0		1,467
GOLF TOURNAMENT EXPENSES	48,859	0		0
COMPUTER SOFTWARE	3,360	0		3,360

TY 2016 Other Income Schedule**Name:** UNFI FOUNDATION

C/O JEFFREY FONTAINE

EIN: 45-5023490**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	35,400		35,400

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2016
	Name of the organization UNFI FOUNDATION C/O JEFFREY FONTAINE	Employer identification number 45-5023490

Organization type (check one)

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization UNFI FOUNDATION C/O JEFFREY FONTAINE	Employer identification number 45-5023490
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Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

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

45-5023490

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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

Additional Data

Software ID:
Software Version:
EIN: 45-5023490
Name: UNFI FOUNDATION
C/O JEFFREY FONTAINE

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	UNITED NATURAL FOODS INC	\$ 430,042	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	313 IRON HORSE WAY		
	PROVIDENCE, RI02908		
<u>2</u>	MANHATTAN ASSOCIATES	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	2300 WINDY RIDGE PKWY TENTH FL		
	ATLANTA, GA30339		
<u>3</u>	THE DATA COUNCIL IX-ONE	\$ 13,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	10475 FORTUNE PARKWAY STE 110		
	JACKSONVILLE, FL32256		
<u>4</u>	ACOSTA	\$ 8,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 551708		
	JACKSONVILLE, FL32255		
<u>5</u>	VERTIV OPERATING COMPANY	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 45162		
	JACKSONVILLE, FL322325162		
<u>6</u>	UNITED HEALTH CARE	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 1459 MN00-W235		
	MINNEAPOLIS, MN55436		

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	ABEL WOMACK	<div>\$ 6,700</div>	<div> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution) </div>
	1 INTERNATIONAL WAY		
	LAWRENCE, MA 01843		