efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493176004008 OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

Open to Public

foundations) Do not enter social security numbers on this form as it may be made public

Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 **C** Name of organization Grocery Manufacturers Association D Employer identification number ☐ Address change 53-0114930 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 1350 I Street NW No 300  $\,$ ☐ Amended return ☐ Application pending (202) 639-5900 City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20005 G Gross receipts \$ 28,149,541 F Name and address of principal officer H(a) Is this a group return for Ms Pamela Bailey ☐Yes ☑No subordinates? 1350 I Street NW No 300 H(b) Are all subordinates Washington, DC 20005 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www gmaonline org L Year of formation 1909 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities GMA represents the world's leading food, beverage and consumer products companies Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . 6 7a 122,543 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 97,834 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,183,075 1,178,090 **9** Program service revenue (Part VIII, line 2g) . . . 30,936,184 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 5,398,108 1,059,041 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,837,760 858,668 35,679,607 26,162,180 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 622,083 592,167 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16,120,766 14,092,898 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 18,180,586 10,525,249 34,923,435 25,210,314 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 756,172 951,866 Assets or d Balances **Beginning of Current Year End of Year** 43,021,800 20 Total assets (Part X, line 16) . 44,123,441 21 Total liabilities (Part X, line 26) . 17,182,656 12,727,484 30,294,316 26,940,785 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-06-25 Signature of officer Sign Here Mr Steve McCroddan Sr VP, CFO, CAO Type or print name and title

Print/Type preparer's name Thomas J Raffa Preparer's signature Thomas J Raffa Check | If P00916458 Paid self-employed Firm's name ► Raffa PC Firm's EIN ▶ 52-1511275 **Preparer** Firm's address > 1899 L Street NW Suite 850 Phone no (202) 822-5000 Use Only Washington, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

Date

PTIN

Form	990 (2017)				Page <b>2</b>						
Par	t IIII Stateme	nt of Program Service Ac	complishments								
	Check if Sc	hedule O contains a response of	note to any line in this Part III .		🗹						
1	Briefly describe the	e organization's mission									
prim	ary focus on product	t safety, science-based public po	iding food, beverage and consumer plicies and industry initiatives that se ves For more information, visit ww	eek to empower people with the	ated partners GMA has a tools and information						
2	Did the organization	were not listed on									
	the prior Form 990	🗌 Yes 🗹 No									
	If "Yes," describe these new services on Schedule O										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program  services?										
	If "Yes," describe these changes on Schedule O										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)						
	See Additional Data	, (		, (							
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)						
	See Additional Data										
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)						
	See Additional Data										
	See Additional Dat	ta Table									
4d		rvices (Describe in Schedule O )									
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)						
4e	Total program se	ervice expenses ►									

or X as applicable

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

for public office? If "Yes," complete Schedule C, Part I 💆 . . . . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

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Page 3

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Form **990** (2017)

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Form **990** (2017)

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ΙV	Checklist of	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	<b>-</b>	-		

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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

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

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5				
rai	Check if Schedule O contains a response or note to any line in this Part V			П				
	Check in Schedule S contains a response of flote to any line in this fact vit in it.	•	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   65							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	<b>1</b> c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by							
	this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
h	b If "Yes," enter the name of the foreign country ▶							
,	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
		<b>5</b> c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were							
	not tax deductible?	6b	Yes					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file							
4	Form 8282?	<b>7</b> c						
u	The res, indicate the number of rooms 6262 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_						
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f						
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as							
9	required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds.							
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
		8						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them )							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Continue FOM( a) (20) and lifted an array fit health in a great in the lift in the							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in							
	which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			NI =				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
D	ires, has it filed a Form 720 to report these payments/Ir Ivo, provide an explanation in Schedule O	14b	orm <b>QQ</b>	<b>0</b> (2017)				

-orm	990 (20	)1/)					Page <b>6</b>
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 t 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedi			" respo	nse to li	_
		Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			✓
Se	ction A	A. Governing Body and Management			- 1		
1a	Enter t	he number of voting members of the governing body at the end of the tax year	1a	45		Yes	No
	body, o	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	he number of voting members included in line 1a, above, who are independent	1b	45			
2		y officer, director, trustee, or key employee have a family relationship or a busines director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ers, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the	prior F	form 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did the	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power ters of the governing body?	o elec	t or appoint one or more	7a	Yes	
b		y governance decisions of the organization reserved to (or subject to approval by) s other than the governing body?		pers, stockholders, or	<b>7</b> b	Yes	
8	Did the	e organization contemporaneously document the meetings held or written actions lowing	undert	aken during the year by			
а	The go	verning body?			<b>8</b> a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?			8b	Yes	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cation's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No
Se	ction I	B. Policies (This Section B requests information about policies not requi	ıred b	y the Internal Revenu	e Code	⊋.)	
						Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?			10a		No
b		," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the form?	e organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a		No
b	Describ	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annually int	erests • •	that could give rise to	12b		No
С	Did the Schedu	organization regularly and consistently monitor and enforce compliance with the ile O how this was done	policy	? If "Yes," describe in	12c	Yes	
13	Did the	e organization have a written whistleblower policy?			13	Yes	
14	Did the	e organization have a written document retention and destruction policy?			14	Yes	
15	Did the person	e process for determining compensation of the following persons include a review a s, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent ion?			
а	The or	ganızatıon's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b		No
	If "Yes	to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or sire entity during the year?	mılar a •	rrangement with a	16a		No
b	ın joint	," did the organization follow a written policy or procedure requiring the organizati venture arrangements under applicable federal tax law, and take steps to safegu- with respect to such arrangements?	ard the		16b		
Se	ction (	C. Disclosure			00		<u> </u>
17		e States with which a copy of this Form 990 is required to be filed					
18	Section	n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 the for public inspection. Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)			
		wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc	•	∍ O)			
19	Describ	pe in Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year		•			
20	State t ▶Bill P	he name, address, and telephone number of the person who possesses the organi appas VP & Controller 1350 I Street NW Suite 300 Washington, DC 20005 (202)	zation 639-5	's books and records 900			

orm 990 (2	017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017)													Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp!			, and	Hig			ed Employees	(con	tinued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	ot che unles fficer truste		rson a	Repoi compei from organiza	(D) (E) Ortable ensation m the eation (W- organizations		n I W-	Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)		lestitutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1000	J-MISC)	2/1099-MISC		related organizations	
See Additional Data Table											$\Box$	_	
	<u> </u>		'	$\Box'$	$\Box'$		<u> </u>				$\dashv$		
	<u> </u>		<u> </u> '	<u> </u> -	<u></u>		<del> </del>	-			$\dashv$		
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	-	-	<del>  '</del>	$\vdash$	—	<del> </del>	+			+	+		
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					$\Box'$						$\Box$		
	<u> </u> '	<u> </u>	<u></u>   '	<u> </u>	<u></u>		<del> </del>	-			$\dashv$		
1b Sub-Total		<u> </u>	<u>Ļ</u> ,	بل	<u></u> '	<u> </u>	<u></u> '				$\dashv$		
c Total from continuation sheets to Pa	Part VII, Section	on A.				▶ _	_				0		100 100
Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	g but not limited	d to thos				re) who	o rec		686,517 re than \$1		<u>" </u>		1,196,490
3 Did the organization list any former					 mpl	loyee,	or h	ghest con	npensatec	d employee on		Yes	No
Inne 1a? If "Yes," complete Schedule 3  For any individual listed on line 1a, is organization and related organizations	s the sum of repo	ortable o	compe	- pensa	• atior s," c	n and comple	other	r compens chedule J	sation fror	n the	3		No
ındıvıdual				•	•						4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									ion or inai	ividual for	5		No
Section B. Independent Contract						1-10				1122 202 of co			
Complete this table for your five higher from the organization Report comper	ensation for the c	d indepo calendar	r year	nt co	ntra ling	with o	that or wit	thin the or	more that rganizatio	on's tax year	npei		
	(A) and business addre	ess								(B) cription of services		Comper	nsation
K&L Gates LLP 925 Fourth Ave Suite 2900								ا	Legal couns	æl			497,561
Seattle, WA 98104 Wiley Rein LLP									Legal couns	sel			324,073
1776 K Street NW Washington, DC 20006 Crowell & Moring									* ± :2020V 8	-11			291,760
1001 Pennsylvania Ave NW								,	Advocacy &	. legai			291,700
Washington, DC 20004 Hazel Productions					—			(	Conf produ	uction			274,209
PO Box 122 Glen Echo, MD 20812				-					l				
Hogan & Lovells US LLP								L	Legal couns	;el			264,570
555 13th Street NW Washington, DC 20004  Total number of independent contractor	- (meluding hij	· = at lug	+->d	+h		licted.		- Napo r	- sewed m	than ¢100 00	^^ of		
<ol> <li>Total number of independent contractor</li> </ol>	re (including but	c not line	uted *	ro th	iose	√listed :	. ahor	.ve) who re	eceived m	iore than \$100.00	വറെ	-	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 13

Part			Revenue								rage <b>3</b>
				a respo	onse or note to any	line in th	ııs Part VIII				🗆
				· · · · · ·		( <i>I</i> Total re	4)	Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 <i>a</i>	Federated campaig	ns	1a				revi	enue		512-514
nts nts		<b>b</b> Membership dues		1b							
rai		c Fundraising events			<u> </u> 						
A. G		_		1c	1						
it is		d Related organizatio		1d	1						
3.E		e Government grants (co		1e							
is is	1	<ul> <li>All other contributions, and similar amounts n</li> </ul>		1f	1,178,090						
Contributions, Giffs, Grants and Other Similar Amounts	و	above  9 Noncash contribution in lines 1a-1f \$	ons included		1,170,030						
Cont and	h	Total.Add lines 1a-1	.f	<del>.</del> .	•	4	178,090				
					Business		178,090				
Service Revenue	2a	Membership dues				900099	19,8	76,034	19,876	5,034	
ž.	b	Conf's/conventions				900099	2,6	19,351	2,619	,351	
Ce I	c	Project funding				900099	4	65,774	465	5,774	
ervi	d	Publications				900099	1	05,222	105	5,222	
υS	e										
Program	f	All other program se	rvice revenue	:							
P	g.	<b>Total.</b> Add lines 2a-21	f		23,0	66,381					
		Investment income (ii			interest, and other	1					
		similar amounts) .			<b>&gt;</b>		720,771				720,771
		Income from investm		•	ond proceeds <b>&gt;</b>						
	5	Royalties			· · · •		25,732				25,732
	<b>~</b> =	C	(ı) Rea	l	(II) Personal	-					
	ьа	Gross rents									
	b	Less rental expenses				1					
		Dantal manna an				-					
	С	: Rental income or (loss)									
	d	Net rental income o	r (loss)			1					
			(ı) Securit	ties	(II) Other						
	7a	Gross amount from sales of assets other than inventory	2,3	325,631							
	b	Less cost or other basis and sales expenses	1,9	987,361							
	c	Gain or (loss)	3	338,270		1					
	d	Net gain or (loss) .			<b>•</b>	1	338,270	)			338,270
Other Revenue	8a	Gross income from for (not including \$contributions reported)	ed on line 1c)	of							
eve		See Part IV, line 18				-					
Ä		Less direct expense : Net income or (loss)		b Dana ov	ents						
the		Gross income from g			ents •	1					
ŏ		See Part IV, line 19									
				а							
		Less direct expense		b							
		: Net income or (loss)		activit	ies <b>&gt;</b>						
	10a	Gross sales of invent returns and allowand	ces	a							
	b	Less cost of goods s	sold	b		]					
	c	Net income or (loss)		invent	tory ►						
		Miscellaneous			Business Code						
	11	aProf services & exp	reimb's		900099		337,644		337,644		
	b	Advertising			541800		122,543			122,543	
	c	Exempt pass-thru K	-1 invest inc		900099	)	83,593		83,593		
	_	AU 11					200 15		200 150		
		All other revenue .  Total. Add lines 11a					289,156	7	289,156		
							832,936	i			
	12	Total revenue. See	instructions	• •			26,162,180		23,776,774	122,543	1,084,773 Form <b>990</b> (2017)

orr	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u></u>
	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	( <b>D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	587,167	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	5,000			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,727,339			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,370,953			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,566,978			
9	Other employee benefits	801,925			
10	Payroll taxes	625,703			
11	Fees for services (non-employees)				
a	Management				
	Legal	825,575			
	Accounting	73,539			
	Lobbying	1,092,877			-
	Professional fundraising services See Part IV, line 17	, ,			
	Investment management fees	185,943			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,610,747			
12	Advertising and promotion	38,493			
	Office expenses	271,695			
	Information technology	367,875			
	Royalties				-
	Occupancy	2,309,355			
	Travel	636,414			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	030,414			
10	Conferences, conventions, and meetings	2,135,742			
	Interest	2,200,7 12			
	Payments to affiliates				
	Depreciation, depletion, and amortization	478,653			_
	Insurance	93,201			
	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 O )	55,201			
	a Dues	133,512			
	<b>b</b> Training	63,087			
	c Bad debt	38,046			
	d Provision for UBI exp	33,302			
	e All other expenses	137,193			
25	Total functional expenses. Add lines 1 through 24e	25,210,314			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Net

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

130.320

43,021,800

1,798,953

3,799,486

30,294,316

43,021,800

Form **990** (2017)

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30.320

44,123,441

3,767,784

5,893,431

26,940,785

44,123,441

33

34

Page **11** 

## Check if Schedule O contains a response or note to any line in this Part IX

	Beginning of year		End of year
Cash-non-interest-bearing	7,186,370	1	1,234,393
Savings and temporary cash investments	10,999,065	2	8,393,733

1	2 Savings and temporary cash investments	10,000,000		0,000,700
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	602,024	4	685,540
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
rs.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
et	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	609,589	9	1,129,076
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 6.744,102			

٨	0	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (1) of Schedule L.	(c)(3)(B), and of section 501(c)(9)		6					
ا تە ا	7	Notes and loans receivable, net		7						
ŝ	8	Inventories for sale or use		8						
۲	9	Prepaid expenses and deferred charges	repaid expenses and deferred charges							
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,744,102						
	b	Less accumulated depreciation	<b>10</b> b	6,354,530	832,108	<b>10</b> c	389,572			
	11	Investments—publicly traded securities .	2,674,817	11	9,497,503					
	12	Investments—other securities See Part IV, line	21,189,148	12	21,561,663					

.iat		persons Complete Part II of Schedule L		22	
Γ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,521,441	25	7,129,045
	26	Total liabilities. Add lines 17 through 25	17,182,656	26	12,727,484
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	26,940,785	27	30,294,316
Bal	28	Temporarily restricted net assets		28	
pun	29	Permanently restricted net assets		29	
or F	30	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	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Check if Schedule O contains a response or note to any line in this Part XII . . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

**Reconcilliation of Net Assets** 

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

**Financial Statements and Reporting** 

Part XI

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

951,866 26,940,785 1,967,081

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26,940,785 1,967,081 434,584 30,294,316

Yes

Yes

Yes

2a

2b

2c

3a

3b

Page **12** 

**~** 

No

Νo

No

Form 990 (2017)

### **Additional Data**

Software ID:

Software Version:

**EIN:** 53-0114930

Name: Grocery Manufacturers Association

Form 990 (2017)

regulatory changes and research development

### Form 990, Part III, Line 4a:

Scientific and Regulatory Affairs Science and technology - Through a team of gualified scientists, this initiative provides public policy support and scientific and technology assistance to the consumer products industry in the areas of food safety, chemistry, microbiology, nutrition, processing, packaging, waste disposal and other areas Regulatory affairs - This initiative monitors regulatory issues affecting the consumer products industry, develops strategies to advance regulations and policies and provides a link between the consumer products industry and regulatory decision makers such as the Food and Drug Administration, the U.S. Department of Agriculture, and the Environmental Protection Agency Consumer Claims - Through this initiative, GMA investigates consumer product claims on behalf of its members, fairly and efficiently resolving valid claims while vigorously defending against those without merit. The Scientific Affairs program also provides conferences which serve as a forum to exchange ideas and knowledge related to the consumer products industry. Workshops and webinars are also provided which increase the overall awareness of the industry to

appropriate

Form 990, Part III, Line 4b:

consumer products industry and Congressional and state decision-makers by ensuring that sound science is included in the legislative decision-making process where

Government Affairs - Federal and State This program monitors and advocates public policy issues affecting the consumer products industry and provides a link between the

# Industry Affairs This program provides an understanding of the drivers of sales and sales promotion, works to reduce the total cost of the industry supply chain, improve customer service levels and improve industry performance through metrics and benchmark development. This program includes initiatives such as SmartLabel, a broad voluntary transparency technology effort that provides consumers with more information about ingredients in the food, beyerage, household products, personal care and pet

reflection of the provided consumers which have been added in the consumers of the provided consumer products and provided consumers which serve as a forum for gathering the most influential leaders from the food, beverage and consumer products industry for collaborative learning, trend-spotting, and problem solving, all with the goal of ensuring a bright and vibrant future for our industry, our employees and the consumers we serve Additionally, this program includes GMA staff's efforts to retain existing members and recruit new members

Form 990, Part III, Line 4c:

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code including grants of \$

(Expenses \$

Information to the public through industry coalitions, news media engagement, social media content, and technical and scientific publications. This program includes Facts Up Front, a voluntary nutrient-based labeling system that summarizes important food nutrient information on the front of food and beverage packages

Public Communication This program ensures that GMA acts as the voice of the consumer products industry on relevant issues and provides

) (Revenue \$

(Code (Expenses \$ including grants of \$ (Revenue \$ Global Strategy Through this program, GMA works to eliminate tariff and non-tariff trade barriers, harmonize standards for food, beverage and consumer products, encourage border efficiencies and advocate common-sense policies related to investment and tax, intellectual property and counterfeiting, multi-lateral organization activity, market-based commodity prices and customs facilitation

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

	for related							/W/ 2/1000	(14/ 2/1000	avanniantion and
	organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Christopher J Policinski Land O'Lakes, Chair	2 00	x		×				0	0	0
Christopher D Lischewski Bumble Bee Foods, LLC, Treasurer	1 00	х		х				0	0	0
Salman Amın SC Johnson Son, Inc , Director	1 00	х						0	0	0
Jeffrey Ansell The Sun Products Corp , Director	1 00	×						0	0	0

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JP Bilbrey The Hershey

Co , Director

Co , Director

Director

Michele Buck The Hershey

Roger Bird Abbott Nutrition

Andy Callahan Tyson

Foods, Inc , Director

Inc , Director

Inc , Director

Robert Cantwell BG Foods

Albert P Carey PepsiCo

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mark A Clouse Pinnacle Foods Group LLC, Director	1 00	x						0	0	0	
Sean Connolly Conagra Brands, Inc , Director	1 00	х						0	0	0	
William Cyr Freshpet Inc Director	1 00	х						0	0	0	
David Darragh Reily Foods Co , Director	1 00	x						0	0	0	
Benno Dorer The Clorox Co	1 00										

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David Darragh Reily Foods
Co , Director
Benno Dorer The Clorox Co
Director
J Alexander M Douglas Jr

The Coca-Cola Co, Director

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Brian J Driscoll Snyder's-

Stanley K Dunbar Moody

Jim Dwyer Michael Foods

Tom Ferriter Bush Brothers

Post Holdings, Director

& Co , Director

Dunbar, Inc , Director

Lance, Inc , Director

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours   and a director/trustee)   organization   organizations		from the							
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CJ Fraleigh Gehl Foods Inc , Director	1 00	x						0	0	0
Robert J Gamgort Keurig Green Mountain, Director	1 00	х						0	0	0
Chad M Geise Furmano Foods Director	1 00	х						0	0	0
William G Gisel Jr Rich Products Corp , Director	1 00	x						0	0	0
Louis C Gottsponer Jr  Morgan Foods, Inc., Director	1 00	×						0	0	0

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William G Gisel Jr Rich
Products Corp , Director
Louis C Gottsponer Jr
Morgan Foods, Inc , Director

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Paul Grimwood Nestle USA

Kenneth E Guise Jr Knouse

James B Hannan Georgia-

Jeff Harmening General Mills

Todd Hall Cargill Inc

Pacific, LLC, Director

Inc , Director

Foods Cooperative, Inc , Director

Inc , Director

Director

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) from the

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organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	f	anu	a un	ecti		usice,		01 ga1112at1011	/W 2/4000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Hendrik Hartong III Sunny Delight Beverages Co , Director	1 00	x						0	0	0	
Thomas P Hayes Tyson Foods Inc , Director	1 00	х						0	0	0	
Bradley C Irwin Welch Foods Inc , Director	1 00	х						0	0	0	
Kenneth C Keller Mars Inc Director	1 00	х						0	0	0	
Kees Kruythoff Unilever Director	1 00	х						0	0	0	
Lawrence Kurzius McCormick  & Co , Inc , Director	1 00	х						0	0	0	

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Director
Kees Kruythoff Unilever
Director

Carl Lee Jr Snyder's

Lance, Inc , Director

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Nils Lommerin Del Monte Foods

Robert Marques Mondelez

Mark McNeil Lassonde Pappas

Internat'l, Inc , Director

& Co, Inc, Director

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other person is both an officer week (list from the from related compensation

and a director/trustee)

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organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

PepsiCo, Inc , Director

Foods, Inc , Director

Allen L Shiver Flowers

Foods, Inc , Director

P Justin Skala Colgate-

Palmolive Co , Director

Co , Director

Tony B Sarsam Ready Pac

Jens-Martin Schwaetzler Henkel

Consumer Goods, Inc , Director

Mark Smucker The JM Smucker

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	ally flours	' I						Organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	entros es de la Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Denise M Morrison Campbell Soup Co , Director	1 00	х						0	0	0	
Paul Norman Kellogg Co Director	1 00	x						0	0	0	
Randy C Papadellis Ocean Spray Cranberries, Inc , Director	1 00	x						0	0	0	
Fred Penny Bimbo Bakeries	1 00	х						0	0	0	

Director									
Randy C Papadellis Ocean	1 00	×						0	
Spray Cranberries, Inc , Director		ĺ ^						9	
Fred Penny Bimbo Bakeries	1 00	×						0	
USA, Director		_ ^_							
Vıvek Sankaran Frito-Lay NA	1 00	,,							
	1	X	ı	i l	i l	i l	ıl	l O	

1 00

1 00

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any hours

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the week (list from related compensation

ļ	any hours	and	l a dır		or/tr	rustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Richard K Smucker The JM Smucker Co , Director	1 00	×						0	0	0
James P Snee Hormel Foods Corp , Director	1 00	X						0	0	0
Carolyn M Tastad The Procter & Gamble Co , Director	1 00	X						0	0	0
Glen Tellock Lakeside Foods Inc , Director	1 00	X						0	0	0
Kathleen A Walters Georgia- Pacific Consumer Products, Director	1 00	×						0	0	0
George Zoghbı The Kraft	1 00	X						0	0	0

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0

0

0

551,048

55,895

56,450

43,442

1,966,531

384,399

767,130

481,245

37 00

0 50 37 50

37 50

37 50

......

......

Glen Tellock Lakeside Foods
Inc , Director
Kathleen A Walters Georgia-
Pacific Consumer Products, Director

Heinz Co , Director

Pamela Bailey

.......

Steve McCroddan

Denzel McGuire

Exec VP-Gov't Affairs

Senior VP, CFO, CAO

Jim Flannery Sr Exec VP-

Operations & Industry Collaboration

President & CEO

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

any hours

37 50

37 50

37 50

36 50

1 00 37 50

......

......

and a director/trustee)

organization

283,257

291,121

261,919

229,878

219,655

202,988

organizations

0

0

0

0

56,514

64,261

48,603

38,255

54,225

26,382

from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related							(M) 2/1000	(14/ 2/1000	organization and	
	organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Mary Sophos Exec VP-Policy/Strategic Planning	37 50				×			476,537	0	38,170	
Leon Bruner Exec VP - Scientific & Regulatory Affairs	36 50 1 00				×			452,825	0	56,357	
Roger Lowe  Exec VP-Strategic Communications	37 50				×			320,865	0	51,122	
Karın Moore Senior VP & General Counsel	37 50				×			348,167	0	55,766	
Carla Mitchell	37 50										

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Kariii Ploofe
Senior VP & General Counsel
Carla Mitchell
Senior VP-Human Resources
Michael Gruber

Senior VP-Federal Affairs

VP-Health & Nutrition Policy

VP-State Affairs & Grassroots

VP & Corporate Controller

VP, Science Policy & Prog Mgm't

Shannon Cooksey

Robert Burns

Amanda Hagan

Bill Pappas

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493176004008

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

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

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

Inspection

		to Part I A only	rts i-A and C below	Do not complete Part 1-B	
	Section 527 organizations Comple e organization answered "Yes" o	n Form 990, Part IV, Line 4, or Form	990-EZ. Part VI. Im	e 47 (Lobbying Activitie	s), then
•	Section 501(c)(3) organizations tha	it have filed Form 5768 (election under	r section 501(h)) Coi	mplete Part II-A Do not co	omplete Part II-B
		t have NOT filed Form 5768 (election			
	e organization answered "Yes" o xy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy T	ax) (see separate ir	istructions) or Form 990	)-EZ, Part V, line 35c
	Section 501(c)(4), (5), or (6) organiz				
	me of the organization	·		Employer ide	ntification number
Gro	ocery Manufacturers Association			53-0114930	
Pai	t I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is		zation.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political co	ampaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under	section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise to	ax incurred by organization managers	under section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	r this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b					
Pai	t I-C Complete if the orga	nization is exempt under sect	ion 501(c), exce	pt section 501(c)(3)	).
1	Enter the amount directly expend	ded by the filing organization for section	on 527 exempt functi	on activities	\$
2	Enter the amount of the filing org function activities	ganization's funds contributed to other	organizations for se	ction 527 exempt	\$
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) reach organization listed, enter the arthat were promptly and directly delived ee (PAC) If additional space is needed	mount paid from the ered to a separate po	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	GMA Political Action Committee	1350 I St NW Wash, DC 20005	91-1981944	0	22,806
!					
}					
;					
<del></del>					
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ	. Cat	No 500845 Schedule C (	 (Form 990 or 990-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures If "Yes," enter the amount of any tax incurred under section 4912

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Schedule C (Form 990 or 990-EZ) 2017

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part II-B

activity

1

b

2a

1

2

1

2

С Total

Part IV

3

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

### Yes During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

(a)

No

Yes

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2017

No

No

No

19,876,034

2,536,079

-258.530

2,277,549

2,166,488

111,061

SCHEDULE D

## **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.

DLN: 93493176004008 OMB No 1545-0047

Department of the Treasury

(Form 990)

► Attach to Form 990.

Internal Revenue Service | Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Open to Public **Inspection** 

	ame of the organization ocery Manufacturers Association				Em	ployer id	entification	number
Gre	ocery Manufacturers Association				53-	0114930		
Pa	ort I Organizations Maintaining Donor Advis	ed Funds or Ot	her	Similar Funds	s or Ac	counts.		
	Complete if the organization answered "Yes I	s" on Form 990, (a) Donor				(b)Eund	ls and other	accounts
1	Total number at end of year	(a) Donor	auv	iseu iuilus		(D) and	is and other	accounts
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 advisor	s in writing that th	2 255	ets held in donor	advised	funds are	the	
_	organization's property, subject to the organization's exc							Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for	any other purpos	se confe	rıng ımpe	rmissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the				orm 99	0, Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by the organ	·	nat a	pply)				
	Preservation of land for public use (e g , recreation	or education)	Ш	Preservation of	an histo	rically imp	ortant land	area
	Protection of natural habitat			Preservation of	a certifi	ed historic	structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a d	qualified conservati	on co	ontribution in the	form of			
	easement on the last day of the tax year				1 -	Held	at the End o	of the Year
a					2a			
b	Number of conservation easements on a certified historic	structure included	ın /-	<b>.</b> )	2b			
c d			•	•	2c 2d			
u	structure listed in the National Register	ed arter 0,17,00, 8	ina i	oc on a miscone	Zu			
3	Number of conservation easements modified, transferred tax year •	d, released, extingu	ııshe	d, or terminated l	by the o	rganızatıoı	n during the	
4	Number of states where property subject to conservation	n easement is locat	ed 🕨					
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		ng, ir	nspection, handlir	ng of vio	lations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of vio	olatio	ns, and enforcing	g conser	vation eas		ng the year
7	Amount of expenses incurred in monitoring, inspecting, l	handling of violatio	ns, a	nd enforcing cons	servation	n easemen	its during the	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the re	eguir	ements of section	n 170(h)	(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?	,			(,	( - / ( - / ( - /	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the org						
Pa	Complete if the organization answered "Yes	s" on Form 990,	Part	IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	oublic exhibition, e	ducat	ion, or research i	ın furthe			
b		5 (ASC 958), to rep	ort II	n its revenue stat	ement a			
	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$ _		
(	(ii) Assets included in Form 990, Part X					<b>▶</b> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				inancial	gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$ _		
b	Assets included in Form 990, Part X					<b>&gt;</b> \$		
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat N	No 5228	3D <b>Sch</b>	edule D (Fo	orm 990) 2017

Par	£ 1111	Organizations Maintaining Col	lections of Art,	Histor	ical Tr	reasu	res, or	Other	Similar A	ssets (	continued	<u>1)                                    </u>
3		the organization's acquisition, accession (check all that apply)	n, and other records	s, check	any of	the fol	llowing th	nat are a	sıgnıfıcant ı	use of its	s collectio	on
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		е		Other						
c		Preservation for future generations										
4	Provide Part	de a description of the organization's col	lections and explair	how the	ey furth	ner the	organiza	ation's ex	empt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							lar	□ Ye	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	, Part	IV, lır	ne 9, or	reporte	d an amou	unt on I	Form 99	0, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contrib	butions	s or other	r assets I	not	☐ Y€	es 🗌	No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the f	ollowing	table		Γ		Α	mount		
С	Begin	ining balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	g balance						1f				
<b>2</b> a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or cus	stodial ac	count lia	bility?	□ Ye	.s 🗆	No.
b	16 "Va	s," explain the arrangement in Part XIII	Chask hara if the	ovnlanat	on hac	haan	provided	ın Dart \	/111		_	7
	rt V	Endowment Funds. Complete if		<u>'</u>								
Γ 6		Endownient i unus. Complete ii	(a)Current year		rior year				(d)Three ye		(e)Four v	years back
<b>1</b> a	Beginn	ing of year balance	(=,====================================	(=/-	, , , , , , , , , , , , , , , , , , , ,		<b>(-)</b>		(-)		(-)/	
b	Contrib	putions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										_
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end balanc	e (line 1	g, colur	mn (a)	) held as	;				
а	Board	d designated or quasi-endowment 🕨										
ь	Perm	anent endowment ▶										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3а		nere endowment funds not in the posses iization by	sion of the organiza	ation tha	t are he	eld and	d adminis	stered fo	r the	_	Ye	s No
		related organizations			•						a(i)	
L		elated organizations			ا دار ماران	•				<u> </u>	a(ii) 3b	
ь 4		ribe in Part XIII the intended uses of the				•					3D	
_	rt VI	Land, Buildings, and Equipmen			Idiido							
		Complete if the organization answ		rm 990	, Part	IV, lır	ne 11a.	See For	m 990, Pa	art X, lii	ne 10.	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cos	st or other					epreciation		( <b>d)</b> Book v	alue
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements			2,98	33,278			2,864,193			119,085
		nent			1,32	23,027			1,127,783			195,244
	Other				2,43	37,797			2,362,554			75,243
Tota	al. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Pari	X, colui	mn (B),	, line 1	0(c)).		<b>&gt;</b>			389,572

Schedule D (Form 990) 2017  Part VII Investments—Other Securities. Complete if the	ne organization answe	ered "Yes" on Form 99	Page 90. Part IV, line 11b.
See Form 990, Part X, line 12.	(b) Book value		
(a) Description of security or category (including name of security)	(b) Book Value		od of valuation f-year market value
1) Financial derivatives 2) Closely-held equity interests			
<b>3)</b> Other			
A) Institutional funds (partnerships)	21,561,663		F
5)			
) D)			
=)			
<del>-</del> )			
G)			
H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	21,561,663		
<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on F	Form 990, Part IV, lin	e 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Metho	od of valuation f-year market value
1)		COSC OF CHA O	year market value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Part IX Other Assets. Complete if the organization answered (a) Description		IV, line 11d See Form	(b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
·			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization a	nswered 'Yes' on For		• ▶  1e or 11f.
See Form 990, Part X, line 25.  (a) Description of liability	(b) Box	ok value	
1) Federal income taxes	(2,23)		
eferred rent		246,427	
Peferred lease benefit		103,277	
accrued pension and post-retirement benefits 4)		6,779,341	
5)			
5)			
7)			
8)			
		1	
9)			
9)  otal. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	7,129,045	

Part XI

2

b

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

2,848,346

25,854,954

307,226

26,162,180

25,902,514

999,426

307,226

25.210.314

Schedule D (Form 990) 2017

24,903,088

#### d e

Add lines **4a** and **4b** . . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2b

4b

2a 2b

2c

2d

4a

4b

Explanation

1,967,081

881.265

185,943

121,283

999,426

185,943

121.283

2e

3

4c

2e

3

4c

5

Page <b>5</b>	Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0114930

Name: Grocery Manufacturers Association

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	Management reviews and assesses all activities annually to identify any changes in the sco pe of the activities and revenue sources and the tax treatment thereof to identify any unc ertainty in income tax. For the year ended December 31, 2017, management did not identify any uncertainty in income tax requiring recognition or disclosure in the financial stateme into

Supplemental Information	_
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Revenue of entities other than GMA included in the consolidated audited financial statements, net of elimination entries 881,265

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Claims reimbursements- reported as rev on the Form 990 in accordance with guidance from t he IRS but netted with expenses in the audited consolidated financial statements 81,397 Gain on sale of lab equipment - netted with expense in the audited consolidated financial statements 39,886

s

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Expenses of entities other than GMA included in the consolidated audited financial statements, net of elimination entries 999,426

s

Supplemental Information	
Return Reference	Explanation
	Claims reimbursements- reported as rev on the Form 990 in accordance with guidance from t he IRS but netted with expenses in the audited consolidated financial statements 81,397  Gain on sale of lab equipment - netted with expense in the audited financial statements 39,886

Sı

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934931760	04008
Schedule I (Form 990)  Department of the	Co	Governments omplete if the organiz	Other Assistandand Individual  ation answered "Yes,"  Attach to Form le I (Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.		0	2017 Open to Public Inspection	
Treasury Internal Revenue Service Name of the organization	<b>P</b> 111101	mation about schedu	le I (l'ollil 990) allu its	mstructions is at wi	, <u>w.n.s.gov/101111990</u> .	Emplo	ver identific	ation number	
Grocery Manufacturers Associa	ation						14930	ation number	
Part I General Infor	mation on Grants	and Assistance				L			
the selection criteria use  Describe in Part IV the c	ed to award the grants organization's procedu	s or assistance? res for monitoring the u	se of grant funds in the U	nited States			Doub IV June	✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	on Form 990, i	Part IV, line	21, for any recip	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of or assistance	f grant
(1) See Addıtıonal Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				<b>.</b> •		12
For Paperwork Reduction Act No				Cat No 50055			Sch	edule I (Form 990	) 2017

Schedule I (Form 990) 2017	<i>f</i>					Page <b>2</b>
		Domestic Individuonal space is needed		janization answered "Yes"	s" on Form 990, Part IV, line 22	
(a) Type of grant or	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)	,		,			
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	iditional information.
Return Reference	curn Reference Explanation					
Part I, Line 2	expected de	eliverable) that is alig	gned with the interests o	of the consumer products	s industry and/or their customers Ge	neral contribution) or research grant (with an General contributions are made to well-established gram managers who receive updates and monitor

## **Additional Data**

		Software ID:	:				
		Software Version	:				
		EIN	: 53-0114930				
		Name	: Grocery Manufactur	rers Association			
Farm 000 Calcadula I Bant	TT County and	Oth 4:-t t-	D				
Form 990,Schedule I, Part	11, Grants and t	Other Assistance to	Domestic Organization	tions and Domesti	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan State University	38-6005984	501(c)(3)	400,000				Conditional support of a

32,000

or government
Michigan State University 1129 Farm Lane Food Safety
Toxicology Bldg East Lansing, MI 48824

American Chemistry Council 700 2nd Street NE Washington, DC 20002

53-0104410

501(c)(6)

center for ingredient

safety and risk

General support

assessment

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance al support

General support

Franklin Center	52-1159816	501(c)(3)	25,000		General
1155 15th St NW Suite 550			l ·		
Washington, DC 20005					

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Washington Legal Foundation

2009 Massachusetts Ave NW Washington, DC 20036

52-1071570

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Support for toxicity and

product safety testing

Ford's Theatre Society	52-6073157	501(c)(3)	15,000		General support
511 Tenth Street NW			·		
Washington, DC 20004					

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Johns Hopkins University

Baltimore, MD 21205

651 N Wolfe St Suite W7032

52-0595110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 90-0885216 501(c)(3) 10.000 General support

Field to Market 777 N Capitol Street NE 803 Washington, DC 20002

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Centerville, MA 02632

State Legislative Leaders 23-7148478 501(c)(3) 10,000 General support Foundation 481 Main Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance eral support

General support

7,000

Keystone Center	84-0688506	501(c)(3)	10,000		Gener
1628 Saints John Road					ı
Keystone, CO 80435					ı

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

Food Industry Association

664 Sandpiper Bay SW Sunset Beach, NC 24868 74-2155907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance US Chamber Litigation Center 52-1085809 501(c)(6) 6.667 Support of an amicus 1615 H Street NW lbrief Washington, DC 20062

General support

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

Washington, DC 20062

American Society of 53-0026940
Association Executives 1575 O Street NW

Washington, DC 20005

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Food Research and Action 23-7200739 501(c)(3) 5.000 General support 1200 18th Street NW Suite

400 Washington, DC 20036

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

G100

Washington, DC 20001

Congressional Hunger Center 52-1842738 501(c)(3) 5.000 Support for the Hunger 400 N Capital St NW Suite Leadership Award

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance eral support

General support

Global Child Nutrition PO Box 99435 Seattle, WA 98139	20-5094658	501(c)(3)	5,000		Gener
Mercatus Center Inc	54-1436224	501(c)(3)	5,000		Gener

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3434 Washington Blvd 4th Fl Arlington, VA 22201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(c)(6) 5.000 Retailers Association of MA 04-2311993 General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

18 Tremont Street No 810 Boston, MA 02108

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9317	6004	800
Sch	nedule J	С	ompensati	ion Information	OM	IB No	1545-0	0047
•	m 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ited Employees ered "Yes" on Form 990, Part IV to Form 990.	, line 23.	2017 Open to Public		
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at •		to Pul ectio	
Nar	me of the organiz				Employer identificat			
Gro	cery Manufacturers /	Association			53-0114930			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
		companions	닏	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e la'			
3	organization's C	EO/Executive Director Check a	all that apply Dor	d to establish the compensation of the check any boxes for methods CEO/Executive Director, but explain				
	<b>✓</b> Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	✓	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b	Yes	
C	Participate in, o	r receive payment from, an equ	ulty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any				
а	The organization	n <sup>2</sup>				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n <sup>?</sup>				6a		
b	Any related orga					6b		
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	1990)	2017

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

For each individual whose compensation must be reported on Schedule J, report of	compensation fro	m the organization	on row (1) and fro	m related organiza	tions described i	n the	
instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total							
(A) Name and Title	(B) Break	kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
See Additional Data Table							
	-						

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Part I, Line 1a First class travel for the President and CEO was provided in accordance with the employment agreement. Such costs were required to be substantiated via receipts and itinerary submitted. All travel was business related. Spousal travel was included as part of the contract agreement between GMA and its President and CEO. All Ispousal travel was required to comply with GMA expense reporting policies and was included as taxable compensation on the Form W-2 Schedule J. Part II. Column C. "retirement and other deferred compensation" includes both GMA's 2017 contributions to a 401k plan for these individuals, GMA's 2017 contribution to a 457f Plan for the President and CEO and 2017 performance bonuses which were paid subsequent to March 15, 2018 and therefore considered deferred compensation for Itax reporting purposes Performance bonuses awarded for 2016 were paid subsequent to March 15, 2017 and were reported as deferred compensation in the 2016 Form 990 and are reported in Column F and Column B(ii) of the 2017 Form Schedule J for those individuals for whom reporting was required on the 2016 Form 990.

Part I, Line 4b Line 4b GMA has a 457(f) Plan for its President and CEO. The employer's contribution to this Plan in 2017 was \$481,486, in accordance with the employment Operations & Industry Collaboration

Exec VP-Gov't Affairs

Exec VP-Policy/Strategic

5Leon Bruner Exec VP -

Scientific & Regulatory

3Denzel McGuire

4Mary Sophos

Planning

Affairs

6Roger Lowe

7Karın Moore

Counsel 8Carla Mitchell

Exec VP-Strategic Communications

Senior VP & General

9Michael Gruber

10Robert Burns

11Amanda Hagan

VP-State Affairs & Grassroots 12Bill Pappas

Senior VP-Human Resources

Senior VP-Federal Affairs

VP-Health & Nutrition Policy

VP & Corporate Controller

VP, Science Policy & Prog

13Shannon Cooksey

(II)

(1)

(II)

(i)

(ı)

(II)

(i)

(II)

(ı)

(1)

(1)

(i)

(1)

(III)

(1)

386,245

401,537

376,825

280,865

281,917

235,657

256,121

241,919

212,878

183,605

184,988

Software ID: **Software Version:** 

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

95,000

75,000

76,000

40,000

66,250

47,600

35,000

20,000

17,000

36,050

18,000

**EIN:** 53-0114930

Name: Grocery Manufacturers Association

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	${\mathcal Z}$ compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Pamela Bailey President & CEO	(1)	1,289,452	634,788	42,291	516,976	34,072	2,517,579	634,788
	(II) <sup>1</sup>	0	0	0	0	0	0	0
1Steve McCroddan Senior VP, CFO, CAO	(1)	294,399	90,000	0	35,490	20,405	440,294	90,000
	(II)	0	0	ام	o	ا م	0	0
2Jim Flannery Sr Exec VP-	(1)	642,130	125,000	0	35,490	20,960	823,580	125,000

35,490

35,490

35,490

35,490

35,490

35,490

43,990

34,637

31,226

34,385

25,124

524,687

514,707

509,182

371,987

403,933

339,771

355,382

310,522

268,133

273,880

229,370

7,952

2,680

20,867

15,632

20,276

21,024

20,271

13,966

7,029

19,840

1,258

95,000

75,000

76,000

40,000

66,250

47,600

35,000

20,000

17,000

35,000

0

IC print - DO NOT PROCESS As Filed Data -	DLN	N: 93493176004008	
990- Complete to provide information for responses to s Form 990 or 990-EZ or to provide any addition ► Attach to Form 990 or 990-EZ  ► Information about Schedule O (Form 990 or 990-EZ)  www.irs.gov/form990.	ponses to specific questions on ny additional information. Our 990-EZ. Or 990-EZ) and its instructions is at		
anization irers Association	<b>Employer iden</b> 53-0114930	tification number	
Explanation			
limited to 1) entities engaged in the manufacture of food, beverage and con, 2) sales agencies engaged in sales and marketing or merchandising of for consumer products, and 3) suppliers by invitation only. General members of councils and committees, ultimately helping to drive GMA's agenda. 2. Associate membership is limited to entities engaged in providing products the food, beverage and consumer products industry and interested in the well ess of grocery product manufacturers. 3. Chain Restaurant Corporate Head	sumer products od, beverage and can participate on ociate members or services to t ell-being and succ dquarters Members erage retail servi		
	Supplemental Information to Form  Complete to provide information for responses to see Form 990 or 990-EZ or to provide any addition  Attach to Form 990 or 990-EZ  Information about Schedule O (Form 990 or 990-EZ)  www.irs.gov/form990.  Attach to Form 990 or 990-EZ  www.irs.gov/form990.  Explanation  There are three categories of membership in GMA 1 General members of limited to 1) entities engaged in the manufacture of food, beverage and cordinated in sales and marketing or merchandising of for consumer products, and 3) suppliers by invitation only General members of councils and committees, ultimately helping to drive GMA's agenda 2 Asset Associate membership is limited to entities engaged in providing products of the food, beverage and consumer products industry and interested in the well-ess of grocery product manufacturers 3 Chain Restaurant Corporate Head Any company actively and regularly engaged in furnishing food and/or beverage.	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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.  Employer ider 53-0114930  Explanation  Explanation  Explanation  Explanation  Explanation  Explanation  Explanation  Or 900-EZ  Freasur  Employer ider 53-0114930  Explanation  Explanation  Explanation  Or 900-EZ  Freasur  Employer ider 53-0114930  Explanation  Explanation  Explanation  Explanation  In the eare three categories of membership in GMA 1 General members General membership is limited to 1) entities engaged in the manufacture of food, beverage and consumer products, 2) sales agencies engaged in sales and marketing or merchandising of food, beverage and consumer products, and 3) suppliers by invitation only General members can participate on councils and committees, ultimately helping to drive GMA's agenda 2 Associate members Associate members is limited to entities engaged in providing products or services to the food, beverage and consumer products industry and interested in the well-being and success of grocery product manufacturers 3 Chain Restaurant Corporate Headquarters Members Any company actively and regularly engaged in furnishing food and/or beverage retail servi	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990,	The governing body of GMA is its Board of Directors The Board of Directors shall elect fr

Part VI. om its members a Nominating Committee. The Nominating Committee shall propose candidates f Section A. or election as directors at each Annual Meeting and shall propose candidates for election line 7a as officers and members of the Executive Committee and the Finance and Audit Committee as vacancies occur Members of the Board are generally elected to three-year terms but there is no limit to the number of terms an individual director may serve. Officers, including t he Chair, Vice Chair, Secretary and Treasurer, shall be elected for a term of two years. T

he Chair and Vice Chair may hold their respective offices for not more than one term

Return Explanation Reference

Form 990. Decisions involving proposed mergers or liquidation would be brought before the full membership for approval Part VI.

Section A. line 7b

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI,	GMA's Federal Form 990 is reviewed by its accounting staff, including the Director of Accounting, Controller and CFO, and by its general counsel. Such review takes place upon recei
Section B,	pt of the draft Form 990 received from the independent public accounting firm who conducts
line 11b	the consolidated financial statement audit of GMA. The review involves comparison of fina
	ncial data in the Form 990 with the audited financial statements and the books and records
	of GMA and review of all narrative information for accuracy and completeness by the appro
	priate GMA staff Additionally, a report is made to GMA's Finance and Audit Committee

Explanation

Return Reference Explanation

Form 990, In addition to the written conflict of interest policy, GMA's in-house legal counsel regul

1 01111 330,	in addition to the written connect of interest policy, OWA's in-node legal counserregul
Part VI,	arly reviews antitrust and conflict of interest policies at board meetings and most commit
Section B,	tee meetings. Objective members of the GMA Finance and Audit Committee shall make an initi
line 12c	al determination as to whether a conflict exists and what subsequent action is appropriate
	, if any The GMA Finance and Audit Committee shall inform the Board of such determination
	and action The Board shall retain the right to modify or reverse such determination and
	action, and shall retain the ultimate enforcement authority with respect to the interpreta
	tion and application of this policy

990 Schedule O, Supplemental Information

Return Explanation

	Pay comparability data is gathered from a variety of publicly available sources including published survey data and Form 990's Specific to the President and CEO, a salary survey w
Section B,	as obtained and the total 2017 compensation reviewed and approved by the compensation comm
line 15a	Ittee of the Board of Directors Compensation recommendations for other officers and key e
	mployees are reviewed and approved by GMA's CEO

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C.

GMA makes its Form 990 available upon request. Audited financial statements and governing documents may be made available upon GMA's consideration of the request.

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Unrecognized actuarial gain 434,584

Part XI, line

Return Explanation

Form 990,	The Finance and Audit Committee of the Grocery Manufacturers Association is responsible, a
Part XII, Line	nnually, for the approval of the independent public accounting firm who conducts the conso
2c	lidated financial statement audit of GMA and for the approval of the consolidated financia
	I statements This process is unchanged from the prior year

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2017

**Employer identification number** 

DLN: 93493176004008

OMB No 1545-0047

Open to Public Inspection

Name of the organization

(Form 990)

Department of the Treasury

Internal Revenue Service

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

Grocery Manufacturers Association 53-0114930 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (c) (d) (f) (g) (b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)GMA Science and Education Foundation Research, training & DC 501(c)(3) 12(a) Yes 1350 I Street NW Suite 300 education programs to the CPG industry and N/A Washington, DC 20005 consumers 52-2088235 (2)GMA Political Action Committee DC Raises money to 527 N/A No 1350 I Street NW Suite 300 contribute to candidates N/A that share GMA's goals Washington, DC 20005 91-1981944 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

(a)  Name, address, and EIN of related organization			ry Legal domicile (state or foreign country)	Direct controlling	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	<b>(k)</b> Percenta owners
								Yes	No		Yes	No	
												$\perp$	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5 ) cont entity
												. I Y∉	es
		со	untry)										
		со	untry)										
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									  -  -	
		со	untry)									  -  -  -	

(1)GMA Science and Education Foundation

(2)GMA Science and Education Foundation

(3)GMA Science and Education Foundation

(4)GMA Science and Education Foundation

(5)GMA Science and Education Foundation

No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1**b 

2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction type (a-s)

0

(c)

Amount involved

26,794

237,640

199,528

387,669

156.742

Fair value

Fair value

Fair value

Fair value

Fair value

Name of related organization

Loans or loan guarantees by related organization(s) . . . .

Reimbursement paid by related organization(s) for expenses . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Yes

1f

1g | 1h

1k

11 Yes

1m

1n 10 Yes

1p | 1a Yes

1r

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Yes

Yes

1d 1e

Yes

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No						
													_					
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017					

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017