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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 08-01-2019, and ending 07-31-2020

Name of foundation  
UNFI FOUNDATION  
C/O JEFFREY FONTAINE

Number and street (or P.O. box number if mail is not delivered to street address)  
313 IRON HORSE WAY

City or town, state or province, country, and ZIP or foreign postal code  
PROVIDENCE, RI 02908

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 439,539

J Accounting method:

☐ Cash

☒ Accrual

☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number  
45-5023490

B Telephone number (see instructions)  
(401) 528-8634

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	425,199		
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .			
	3 Interest on savings and temporary cash investments . . . . .			
	4 Dividends and interest from securities . . . . .			
	5a Gross rents . . . . .			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10			
	b Gross sales price for all assets on line 6a _____			
	7 Capital gain net income (from Part IV, line 2) . . . . .		0	
	8 Net short-term capital gain . . . . .			
	9 Income modifications . . . . .			
	10a Gross sales less returns and allowances _____			
b Less: Cost of goods sold . . . . .				
c Gross profit or (loss) (attach schedule) . . . . .				
11 Other income (attach schedule) . . . . .	67,200	0		
12 Total. Add lines 1 through 11 . . . . .	492,399	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0
	14 Other employee salaries and wages . . . . .			
	15 Pension plans, employee benefits . . . . .			
	16a Legal fees (attach schedule) . . . . .			
	b Accounting fees (attach schedule) . . . . .	25,537	0	25,537
	c Other professional fees (attach schedule) . . . . .			
	17 Interest . . . . .			
	18 Taxes (attach schedule) (see instructions) . . . . .			
	19 Depreciation (attach schedule) and depletion . . . . .			
	20 Occupancy . . . . .			
	21 Travel, conferences, and meetings . . . . .			
	22 Printing and publications . . . . .			
	23 Other expenses (attach schedule) . . . . .	70,016	0	70,016
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	95,553	0	95,553
	25 Contributions, gifts, grants paid . . . . .	714,496		714,496
	26 Total expenses and disbursements. Add lines 24 and 25	810,049	0	810,049
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-317,650			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	778,689	428,039	428,039
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,500	11,500	11,500
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ <u>15,000</u> Less: accumulated depreciation (attach schedule) ▶ <u>15,000</u>			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	781,189	439,539	439,539	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .	24,000		
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	24,000	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	757,189	439,539	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	757,189	439,539	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	781,189	439,539		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	757,189
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-317,650
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	439,539
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	439,539

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

  

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

  

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

  

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,200,388	628,482	1.909980
2017	429,455	207,657	2.068098
2016	563,970	121,922	4.625662
2015	600,494	97,931	6.131807
2014	580,200	86,744	6.688647
<b>2</b> Total of line 1, column (d)		<b>2</b>	21.424194
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>	4.284839
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		<b>4</b>	879,292
<b>5</b> Multiply line 4 by line 3		<b>5</b>	3,767,625
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b>	0
<b>7</b> Add lines 5 and 6		<b>7</b>	3,767,625
<b>8</b> Enter qualifying distributions from Part XII, line 4		<b>8</b>	810,049

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ _____ <b>(2)</b> On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ See Additional Data Table		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	<b>10</b>	No

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

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

Located at ► 313 IRON HORSE WAY PROVIDENCE RI ZIP+4 ► 02908

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

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

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

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

		<b>Yes</b>	<b>No</b>
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<b>6b</b>	<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

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

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

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

**Total** number of other employees paid over \$50,000. ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		0

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

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

	Expenses
<b>1</b> THE UNFI FOUNDATION IS COMMITTED TO INSPIRING BETTER FOOD SYSTEMS AND NURTURING EVERYDAY HEALTH IN OUR COMMUNITIES. WE SUPPORT ORGANIZATIONS THAT: INCREASE THE SUPPLY OF ORGANIC FOOD (16 ENTITIES AND \$216,750); IMPROVE ACCESS TO FRESH, HEALTHY FOOD (20 ENTITIES AND \$244,400); PROVIDE HUNGER RELIEF FOR VULNERABLE POPULATIONS (16 ENTITIES AND \$161,000); AND, ADVANCE CHILDHOOD NUTRITION EDUCATION (7 ENTITIES AND \$92,346).	714,496
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	892,682
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	892,682
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	892,682
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	13,390
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	879,292
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	43,965

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	43,965
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	43,965
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	43,965
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	43,965

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	810,049
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	810,049
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	810,049

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				43,965
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	575,863			
<b>b</b> From 2015. . . . .	585,584			
<b>c</b> From 2016. . . . .	557,874			
<b>d</b> From 2017. . . . .	419,072			
<b>e</b> From 2018. . . . .	1,167,620			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	3,306,013			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 810,049				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				43,965
<b>e</b> Remaining amount distributed out of corpus	766,084			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,072,097			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	575,863			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	3,496,234			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	585,584			
<b>b</b> Excess from 2016. . . . .	557,874			
<b>c</b> Excess from 2017. . . . .	419,072			
<b>d</b> Excess from 2018. . . . .	1,167,620			
<b>e</b> Excess from 2019. . . . .	766,084			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization . . . . .

(4) Gross investment income . . . . .

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

ALISHA REAL  
313 IRON HORSE WAY  
PROVIDENCE, RI 02908  
(401) 528-8634

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

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

**c** Any submission deadlines:

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

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

APPLICANTS ARE RESTRICTED TO U.S. ENTITIES THAT INCREASE THE SUPPLY OF SUSTAINABLY PRODUCED FOOD, IMPROVE ACCESS TO FRESH HEALTHY FOOD, PROVIDE HUNGER RELIEF FOR VULNERABLE POPULATIONS, AND ADVANCE CHILDHOOD NUTRITION EDUCATION.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	714,496
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .					
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events:			01	12,136	
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). .		0		12,136	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		<b>12,136</b>

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

[illegible]

## Part XVII

- |   |                                                                                                                                                                                                                                                                                                                                                                                              |    |  |    |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                    | 1c |  | No |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |    |  |    |

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-07-26	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

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

Form 990PF Part VII-A Line 8a

Enter the states to which the foundation reports or with which it is registered:	AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, LA, MO, TX, DC
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEVEN SPINNER	CHAIRMAN 5.00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
JEFFREY FONTAINE	TREASURER 5.00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
MARGARET O'CONNOR	SECRETARY 5.00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
ALISHA REAL	EXECUTIVE DIRECTOR 5.00	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
THOMAS DZIKI	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
MICHAEL FUNK	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
CHRISTOPHER TESTA	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
WENDY FRESQUES	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
JASON IANNAZZO	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
BEKAH SWAN	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
JJ CANTRELL	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				
JODY HYVARINEN	DIRECTOR 0.25	0	0	0
313 IRON HORSE WAY PROVIDENCE, RI 02908				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
18 REASONS3674 18TH ST SAN FRANCISCO, CA 94110	NONE	PC	COOKING MATTERS FOR KIDS & TEENS	11,250
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95473	NONE	PC	CERES COMMUNITY PROJECT ORGANIC GARDENS AND YOUTH EDUCATION PROGRAM	15,000
CHATHAM OUTREACH ALLIANCE INC PO BOX 1326 PITTSBORO, NC 27312	NONE	PC	PROVIDING FOOD FOR CHATHAM COUNTY RESIDENTS FACING FOOD INSECURITY	3,500
<b>Total . . . . .</b> ► <b>3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DENVER URBAN GARDENS 1031 33RD ST SUITE 100 DENVER, CO 80205	NONE	PC	HEALTHY, ORGANIC FOOD ACCESS FOR AURORA RESIDENTS & EMERGENCY RESPONSE COVID-19	15,000
EATS PARK CITY 2100 PARK AVE UNIT 682896 PARK CITY, UT 84068	NONE	PC	BACKPACK MEALS	7,000
ECO URBAN GARDENS 4647 KINGSWELL AVE 127 LOS ANGELES, CA 90027	NONE	PC	ARROYO HIGH SCHOOL FARM LAB FARM STAND CAFE	9,500
<b>Total . . . . . ▶ 3a</b>				714,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ECO-JUSTICE CENTER 7133 MICHNA ROAD RACINE, WI 53402	NONE	PC	GROW LOCAL FOOD - FEED OUR COMMUNITY	15,000
FARM FRESH RHODE ISLAND 1005 MAIN ST UNIT 8130 PAWTUCKET, RI 02860	NONE	PC	BONUS BUCKS FOR NUTRITIOUS FOOD	15,000
FARMSHARE AUSTIN3608 RIVER ROAD CEDAR CREEK, TX 78612	NONE	PC	FRESH FOR LESS MOBILE MARKETS: CURBSIDE DELIVERY COVID-19 RESPONSE & MARKET EXPANSION	10,500
<b>Total . . . . . ▶ 3a</b>				714,496

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FEEDING TINY TUMMIESPO BOX 358 MARLOW, NH 03456	NONE	PC	PROVIDING MEALS FOR CHILDREN	10,000
FILLING IN THE BLANKS INC 346 MAIN AVE STE 3A NORWALK, CT 06851	NONE	PC	WEEKEND MEAL PROGRAM	15,000
FOOD FOR THOUGHT DENVER PO BOX 11813 DENVER, CO 80211	NONE	PC	FFT POWERSACKS	10,500
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD WHAT1156 HIGH STREET SANTA CRUZ, CA 95064	NONE	PC	FOOD FOR SELF, FOOD FOR FAMILY, FOOD FOR COMMUNITY	20,000
FOODCORPS INC 1140 SE 7TH AVE SUITE 110 PORTLAND, OR 97214	NONE	PC	FOODCORPS: RESPONDING TO THE COVID-19 CRISIS	25,000
FORAGE219 NW 10TH AVENUE GAINESVILLE, FL 32601	NONE	PC	COVID LOCAL FOOD RESPONSE GENERAL SUPPORT	10,500
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF HAWTHORN HOLLOW INC 880 GREEN BAY ROAD KENOSHA, WI 53144	NONE	PC	GROWING HEALTHY - ORGANIC EDUCATION & OUTREACH	12,000
FRIENDS OF ZENGER FARM 11741 SE FOSTER RD PORTLAND, OR 97266	NONE	PC	BEGINNING FARMER APPRENTICESHIP PROGRAM	7,500
GARDENEERS 3414 W ROOSEVELT RD FL 2 CHICAGO, IL 60624	NONE	PC	HOMAN RAILS STUDENT FARM	20,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GEORGIA ORGANICS 200 OTTLEY DRIVE NE STE A ATLANTA, GA 30324	NONE	PC	THE FARMER FUND	10,500
GROWING GARDENS OF BOULDER COUNTY INC 1630 HAWTHORN AVE BOULDER, CO 80304	NONE	PC	FRESH PRODUCE AND PLANT STARTS FOR LOW INCOME FAMILIES	10,500
GROWING GARDENS 2203 NE OREGON ST PORTLAND, OR 97232	NONE	PC	GROWING LOCAL FOOD RESILIENCE FOR FAMILIES AND CHILDREN TO ACCESS HEALTHY FOOD	11,250
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GUIDESTONEPO BOX 1056 SALIDA, CO 81201	NONE	PC	BUILDING LOCAL FOOD SECURITY IN SALIDA, COLORADO AND BEYOND	10,500
HARLEM GROWN INCPO BOX 895 NEW YORK, NY 10037	NONE	PC	HARLEM GROWN YOUTH EDUCATION PROGRAMMING	15,000
HEALING FOR THE SOUL MINISTRIES INC 1 E 43RD STREET BROOKLYN, NY 11203	NONE	PC	HEALING THE SOUL FOOD OUTREACH FOOD INITIATIVE	5,250
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HIGH PLAINS HELPING HANDS INC 7375 ADVENTURE WAY COLORADO SPRINGS, CO 80923	NONE	PC	FRESH START GROW AND LEARN	10,500
HOLLYWOOD FOOD COALITION PO BOX 480157 LOS ANGELES, CA 90048	NONE	PC	MEAL ENGAGEMENT PROGRAM	7,500
HUNGER TASK FORCE INC 201 S HAWLEY CT MILWAUKEE, WI 53214	NONE	PC	THE HUNGER TASK FORCE FARM	15,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIAN CREEK NATURE CENTER 5300 OTIS ROAD SE CEDAR RAPIDS, IA 52403	NONE	PC	ETZEL SUGAR GROVE FARM - THE PATH TO ORGANIC CERTIFICATION	11,000
IOWA VALLEY RESOURCE CONSERVATION & DEVELOPMENT 920 48TH AVENUE AMANA, IA 52203	NONE	PC	INCREASING FARM EFFICIENCY FOR GROW: JOHNSON COUNTY	15,000
JANNUS INC1607 W JEFFERSON ST BOISE, ID 83702	NONE	PC	GLOBAL GARDENS - CONNECTING REFUGEE FARMERS TO LOCAL CONSUMERS	15,000
<b>Total . . . . . ▶ 3a</b>				714,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUST ROOTS INC 34 GLENBROOK DR APT 1B GREENFIELD, MA 01301	NONE	PC	FOOD INSECURITY DURING COVID-19: FARM TO DOORSTEP	10,000
LA COCINA VA1500 N GLEBE ROAD ARLINGTON, VA 22207	NONE	PC	HEALTHY FOOD ASSISTANCE PROGRAM	10,000
MAINE FARMLAND TRUST INC 97 MAIN STREET BELFAST, ME 04915	NONE	PC	FARM FRESH REWARDS	10,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANDELA PARTNERS1344 7TH STREET OAKLAND, CA 94607	NONE	PC	THE FOOD RELIEF EXPANSION PROJECT: CREATING IMMEDIATE RELIEF	18,750
MANNA CONEJO VALLEY FOOD DISTRIBUTION CENTER INC PO BOX 1114 THOUSAND OAKS, CA 91358	NONE	PC	COMMUNITY FOOD PANTRY	11,250
MATTHEW 25201 3RD AVE SW CEDAR RAPIDS, IA 52404	NONE	PC	CULTIVATE HOPE	15,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
METRO MEALS ON WHEELS INC 1200 WASHINGTON AVE S STE 380 MINNEAPOLIS, MN 55415	NONE	PC	COVID-19 EMERGENCY RESPONSE	10,000
MOUNT CARMEL HEALTH WELLNESS AND COMMUNITY CENTER 911 ROBINSON AVE TRINIDAD, CO 81082	NONE	PC	RELIEVING HUNGER AND PROVIDING NUTRITION EDUCATION FOR LOW-INCOME FAMILIES	10,500
MOUNTAIN ROOTS FOOD PROJECT PO BOX 323 GUNNISON, CO 81230	NONE	PC	FOOD ACCESS & EDUCATION INITIATIVE FOR RURAL MOUNTAIN COMMUNITIES	8,400
<b>Total . . . . .</b> ► <b>3a</b>				714,496

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MULTIPLIER 405 14TH STREET SUITE 164 OAKLAND, CA 94612	NONE	PC	KITCHEN TABLE ADVISORS' FARM VIABILITY PROGRAM	10,000
NATIONAL YOUNG FARMERS COALITION PO BOX 1074 HUDSON, NY 12534	NONE	PC	YOUNG FARMERS ORGANIZING VIRTUALLY FOR A BETTER FUTURE FOR AGRICULTURE	10,000
OHIO ECOLOGICAL FOOD AND FARM ASSOCIATION 41 CROSWELL RD COLUMBUS, OH 43214	NONE	PC	ORGANIC GRAIN TRANSITION: AN INVESTMENT IN A HEALTHY FUTURE	20,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORGANIC FARMING RESEARCH FOUNDATION 303 POTRERO ST STE 29 STE 203 SANTA CRUZ, CA 95060	NONE	PC	INCREASING DOMESTIC SUPPLY AND DEMAND OF ORGANIC FOOD AND FIBER	11,000
ORGANIC GROWERS SCHOOL 38 HAWK HILL ROAD ASHEVILLE, NC 28806	NONE	PC	A PATH TO SUCCESS FOR EMERGING & EXPANDING FARMERS IN SOUTHERN APPALACHIA	10,500
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	NONE	PC	HOME DELIVERED MEDICALLY TAILORED MEALS FOR FOOD-INSECURE, CRITICALLY ILL COLORADANS	7,000
<b>Total . . . . .</b> ▶ <b>3a</b>				714,496

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RECIPE FOR SUCCESS FOUNDATION PO BOX 56405 HOUSTON, TX 77256	NONE	PC	HOPE FARMS	10,500
REGIONAL ENVIRONMENTAL COUNCIL INC PO BOX 255 WORCESTER, MA 01613	NONE	PC	REC SCHOOL GARDENS NETWORK	10,000
ROCKY MOUNTAIN SEED ALLIANCE PO BOX 4736 KETCHUM, ID 83340	NONE	PC	VISION 2020: GRAINING THE FUTURE WITH ANCIENT AND HERITAGE GRAINS	11,250
<b>Total . . . . .</b> ► <b>3a</b>				714,496

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	PC	FEEDING SACRAMENTO'S HOMELESS DURING THE COVID PANDEMIC	11,250
SOIL BORN FARMSPO BOX 661175 SACRAMENTO, CA 95866	NONE	PC	SOIL BORN FARMS VEGGIE RX CARE PACKAGES	11,250
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST PROVIDENCE, RI 02907	NONE	PC	GROWING RHODE ISLAND'S FARMING AND FOOD SYSTEM WORKFORCE	25,000
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUSTAINABLE OASIS SYSTEMS INCORPORATED 24119 LOTUS DR KANSASVILLE, WI 53139	NONE	PC	SUSTAINABLE OASIS SYSTEMS AT SHEPHERDS COLLEGE	25,000
THE FOOD TRUST 1617 JOHN F KENNEDY BLVD STE 900 PHILADELPHIA, PA 19103	NONE	PC	INCREASING ACCESS TO FRESH PRODUCE FOR FAMILIES AND CAREGIVERS	10,000
THE JONNYCAKE CENTER INC 1231 KINGSTOWN ROAD PEACE DALE, RI 02879	NONE	PC	HEALTHY HARVEST	5,000
<b>Total . . . . . ▶ 3a</b>				714,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE NORTHEAST ORGANIC FARMING ASSOCIATIONMASSACHUSETTS CHAPTER INC 411 SHELDON ROAD BARRE, MA 01005	NONE	PC	ORGANIC FOOD DISTRIBUTION AND COMMUNITY GARDENING	10,000
UNITED WAY OF THE DUTCHESS-ORANGE REGION 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	PC	FOOD ACCESS INITIATIVE	10,000
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE ATHENS, GA 30602	NONE	PC	FULTON FRESH KIDS' MARKET: NUTRITION EDUCATION AND FRESH FOOD ACCESS FOR YOUTH	8,596
<b>Total . . . . . ▶ 3a</b>				714,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILD FARM ALLIANCEPO BOX 2570 WATSONVILLE, CA 95077	NONE	PC	ENSURING BIODIVERSITY REMAINS THE CORNERSTONE OF ORGANIC AGRICULTURE	15,000
YORK FRESH FOOD FARMS 313 WEST AVE RED LION, PA 17356	NONE	PC	CULTIVATING COMMUNITY HEALTH THROUGH AGRICULTURE, ACCESS AND AFFORDABILITY	10,000
<b>Total . . . . . ▶ 3a</b>				714,496

**TY 2019 Accounting Fees Schedule****Name:** UNFI FOUNDATION

C/O JEFFREY FONTAINE

**EIN:** 45-5023490

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	25,537	0		25,537

**TY 2019 Other Expenses Schedule****Name:** UNFI FOUNDATION

C/O JEFFREY FONTAINE

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

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	12,977	0		12,977
BANK FEES	1,975	0		1,975
GOLF TOURNAMENT EXPENSES	55,064	0		55,064

## TY 2019 Other Income Schedule

**Name:** UNFI FOUNDATION  
C/O JEFFREY FONTAINE  
**EIN:** 45-5023490

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	67,200		67,200

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization UNFI FOUNDATION C/O JEFFREY FONTAINE		<b>Employer identification number</b> 45-5023490

Organization type (check one):

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization UNFI FOUNDATION C/O JEFFREY FONTAINE	Employer identification number 45-5023490
-----------------------------------------------------------------	----------------------------------------------

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization UNFI FOUNDATION C/O JEFFREY FONTAINE	Employer identification number 45-5023490
-----------------------------------------------------------------	----------------------------------------------

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____



Name of organization UNFI FOUNDATION C/O JEFFREY FONTAINE	Employer identification number 45-5023490
-----------------------------------------------------------------	----------------------------------------------

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	UNITED NATURAL FOODS INC	\$ 100,407	Person <input checked="" type="checkbox"/>
	313 IRON HORSE WAY		Payroll <input type="checkbox"/>
	PROVIDENCE, RI 02908		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	THE DATA COUNCIL IX-ONE	\$ 13,800	Person <input checked="" type="checkbox"/>
	PO BOX 19738		Payroll <input type="checkbox"/>
	IRVINE, CA 92623		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	MANHATTAN ASSOCIATES INC	\$ 6,300	Person <input checked="" type="checkbox"/>
	2300 WINDY RIDGE PKWY 10TH FL		Payroll <input type="checkbox"/>
	ATLANTA, GA 30339		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	SAVILLS INC	\$ 6,300	Person <input checked="" type="checkbox"/>
	333 SE 2ND AVENUE STE 2800		Payroll <input type="checkbox"/>
	MIAMI, FL 33131		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	UNITED HEALTHCARE	\$ 6,300	Person <input checked="" type="checkbox"/>
	PO BOX 1459 MN008-W235		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55440		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	CAPSTONE LOGISTICS	\$ 6,300	Person <input checked="" type="checkbox"/>
	30 TECHNOLOGY PKWY SOUTH STE 200		Payroll <input type="checkbox"/>
	PEACHTREE CORNERS, GA 30092		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	PWC	<u>\$ 12,600</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	6111 W PLANO PARKWAY STE 1000YC		
	PLANO, TX 75093		
<u>8</u>	STORAGE SOLUTIONS	<u>\$ 6,300</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	910 E 169TH ST		
	WESTFIELD, IN 46074		
<u>9</u>	VICTORY WHOLESALE GROUP	<u>\$ 12,600</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	400 VICTORY DRIVE		
	SPRINGBORO, OH 45066		