EXTENDED TO NOVEMBER 15, 2017

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

and ending

Open to Public Inspection

OMB No 1545-0047

Α	For the	2016 calendar year, or tax year beginning and	d ending						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres	GOOD GROCER	GOOD GROCER						
	Name change			45-3	844389				
Ē	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final return/	122 E. LAKE STREET		1	804-3787				
	termin- ated			G Gross receipts \$	1,193,000.				
[]	Amend	MINNEAPOLIS, MN 55408		H(a) Is this a group re	turn				
	Application	F Name and address of principal officer KURT VICKMAN		for subordinates	? Yes X No				
	pendin	9 3804 VINCENT AVE S, MINNEAPOLIS, MN 5	5410	H(b) Are all subordinates in	cluded? Yes No				
	Tax-exe	mpt status X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list (see instructions)				
J	Websit	e: > N/A		H(c) Group exemption	n number 🕨				
		organization: X Corporation Trust Association Other ►	L Year	r of formation: 2011 M	State of legal domicile: MN				
		Briefly describe the organization's mission or most significant activities: TO	MEIICE	HODE INTO THE	HE LIVES OF				
e S	'	THOSE WHO ARE HUNGRY THROUGH A CHAIN OF							
nar	2	Check this box If the organization discontinued its operations or dispositions.							
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	33	3	4				
පී	4	Number of voting members of the governing body (rait vi, line 1a)		4	3				
න් ග	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	10				
iŧie	6	Total number of volunteers (estimate if necessary)		6	500				
Activities	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
) č		Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
∂ >	 			Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		274,723.	245,889.				
	9	Program service revenue (Part VIII, line 2g)		377,115.	944,709.				
) 8	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<3,730.					
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
3	1	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		648,108.	1,190,832.				
—		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
T	14	Popofite paid to or for members (Part IV, column (A), line (1)	<u> </u>	0.	0.				
S S		Salaries, other compensation, employee benefits (Part-IX-column (A) Irres 5 10)]. [148,956.	221,401.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), (ine 11e)	ပ္ကု 📗	0.	0.				
Š	. Б	Total fundraising expenses (Part IX, column (D), ine 25) 🛛 🗲 🐧 🔓 2角取8 , 🤄	556.						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	01	441,780.	960,375.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)		590,736.	1,181,776.				
_	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25). Revenue less expenses. Subtract line 18 from line 12.		57,372.	9,056.				
Net Assets or	2		В	eginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)		314,753.	319,339.				
ξξ.	21	Total liabilities (Part X, line 26)	<u> </u>	2,784.	4,820.				
		Net assets or fund balances Subtract line 21 from line 20		<u>311,969.</u>	314,519.				
-	art II	Signature Block	 						
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is				
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare		10 17				
		Signature of Afficer		Date	22-17				
Sig		•		Date					
He	re	KURT VICKMAN, EXECUTIVE DIRECTOR Type or print name and title							
_				Date Check	PTIN				
Pai	id l	Print/Type preparer's name JANE E. EHRESMANN JANE E. EHRESMANN	NINI	11/15/17 self-employe					
	parer	Firm's name ELLINGSON & ELLINGSON, LTD.	77.27.4	Firm's EIN	41-1399624				
	e Only	Firm's address 5101 VERNON AVE. S., #501		THIIISLIN	<u> </u>				
J.01	,	EDINA, MN 55436		Phone no. (9	52)929-0315				
M=	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 ()	Yes No				
.416	., 11	to diceded and retain was an property shows above 1 dec manualisms			Form 990 (2016)				

	990 (2016) GOOD GROCER 45-384	4389 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO INFUSE HOPE INTO THE LIVES OF THOSE WHO ARE HUNGRY THROUGH	A CHATN
	OF INNOVATIVE FOOD CLUBS.	A CHAIN
	OI IMMOVILLA LOOP CHOPP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X 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?	Yes X No
	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	y expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of t	expenses, and
	revenue, if any, for each program service reported	_
4a	(Code) (Expenses \$1, 111, 084. including grants of \$) (Revenue \$)	944,709.
	A GROCERY MARKET THAT PROVIDES FOOD TO "MEMBERS" WHO ARE IDENT	
	FAMILIES IN NEED. THE MEMBERS ARE CURRENTLY SPONSORED BY OUTSI	DE
	CONTRIBUTORS.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	(Code / (Expenses 4 / (nevenue 4	
		
		···
4c	(Code) (Expenses \$	
 4d	Other program services (Describe in Schedule C.)	···- <u>·</u>
→U	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	١
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 1,111,084.	
	# / # # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W # / W	Form 990 (2016

Form 990 (2016) GOOD GROCER
Part IV Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		_	
	If "Yes," complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_ :		-
	public office? If "Yes," complete Schedule C, Part I	_3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_ 		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		-41
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	X	}
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
þ	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		}	₹.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		 -	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	}	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			[
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2016)

Form 990 (2016) GOOD GROCER
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete .			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		7.7
	Schedule K. If "No", go to line 25a	24a		X
	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	04-		
_	any tax-exempt bonds? Did the exemptation set as an "an helialf of" issuer for heads autotanding at any time during the year?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24 u		
208	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ಬಿತ		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_==_
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	l i	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	{		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ļ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
^4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JE	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		[ł -
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	(2016)
		Las		

Form	990 (2016) GOOD GROCER 45-3844	389	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\begin{bmatrix} -1 \end{bmatrix}$
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	. 1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,		
	(gambling) winnings to prize winners?	1c		
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 2a 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
ь	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).	i l		ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ŀ
	any contributions that were not tax deductible as charitable contributions?	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ļ
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		↓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		₩-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
	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		├
9	Sponsoring organizations maintaining donor advised funds.			Ì
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:]]
a	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	1		
b	• • • • • • • • • • • • • • • • • • • •	1	1	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	İ	ļ	
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1	ĺ	1
р	,		,	ļ
40-	· ————————————————————————————————————	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
а	Note. See the instructions for additional information the organization must report on Schedule O.	isa	 	+
b	The state of the s			
D	organization is licensed to issue qualified health plans	1	1	1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	T
			990	/2016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16<u>a</u> b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **MN** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records. SARA KIETZMANN - 952-270-1221

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GOOD GROCER

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)			((>)			(D)	(E)	(F)	
Name and Title	Average	(do	Po (do not check			than	one	Reportable	Reportable	Estimated amount of other	
	hours per week	offi	ox, unless person is both an officer and a director/trustee)			r/trus	n an tee)	compensation from	compensation from related		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KURT VICKMAN	40.00	1				•					
EXECUTIVE DIRECTOR		X	<u> </u>	X	<u> </u>		<u> </u>	54,500.	0.	42,000.	
(2) MOLLY SCHROEDER	1.00										
DIRECTOR/SECRETARY		X				<u> </u>	<u> </u>	0.	0.	0.	
(3) TIM MURPHY	2.00									•	
DIRECTOR/PRESIDENT	1 00	X	_	-	<u> </u>		-	0.	0.	0.	
(4) DAN AROM	1.00				ŀ			0.	0.	^	
DIRECTOR/TREASURER		X		-			├-	0.		0.	
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rt VII Section A. Officers, Directors, Tru		ploy	ees,			<u>ihes</u>	tC					
(A) Name and title	(B) Average hours per	box,	not ch	(C Posit neck n as per	tion nore ti son is	s both	an	(D) Reportable compensation	(E) Reportable compensation	3		nated
•	week (list any hours for			er and a direc				from the organization	from related organizations (W-2/1099-MISC)		compe	ner nsation the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	(W-2/1099-MISC)			organi and re organi	elated
	illie)	ul.	ill i	ā	¥.	₹ 5 	Fo					
								-				
					-							
					-	-						
						_				-		
				-	-	-						
Sub-total Total from continuation sheets to Part	VII. Section A	L]			 	→	54,500. 0.		0.	42	,00
Total (add lines 1b and 1c)						i	_	54,500.		0.	42	,00
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	d ab	ove)) wh	o re	eceived more than \$100	,000 of reportable	• 		es
Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	nploy	yee,	or I	nighest compensated e	mployee on		3	
For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	che	dule	J f	or such individual		}	4	-
Did any person listed on line 1a receive o rendered to the organization? If "Yes," co ction B. Independent Contractors	•				-			ed organization of indivi			5	
Complete this table for your five highest of the organization. Report compensation for	-	-								pensa	ation from	n
(A) Name and busines			ONE					(B) Description of s		C	(C) ompens	ation
					_		-					
					_		-					
							+					
							- (- 1			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1<u>d</u> e Government grants (contributions) 1<u>e</u> f All other contributions, gifts, grants, and 245,889. similar amounts not included above 1f 6,842 g Noncash contributions included in lines 1a-1f \$ 245,889 h Total. Add lines 1a-1f Business Code 881,444. 881,444 2 a GROCERY INCOME 445200 Program Service Revenue 63,265. 445200 63,265. SPONSORSHIP FEES f All other program service revenue 944,709 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 72. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,960. 370. assets other than inventory b Less, cost or other basis 1.960. 208 and sales expenses 162 0. c Gain or (loss) 162. 162. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue contributions reported on line 1c). See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d

234.

0

Total revenue See instructions.

190,832.

944,709

Form 990 (2016) GOOD GROCER
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon-				Х
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	96,500.	77,200.	9,650.	9,650.
	trustees, and key employees	30,300.	11,200.	3,030.	9,030.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		}		
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	103,555.	103,555.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits	4,221.	3,377.	844.	
10	Payroll taxes	17,125.	13,700.	1,713.	1,712.
11	Fees for services (non-employees)				
а	Management				
b	Legal .	1,400.		1,400.	
С	Accounting	13,620.		13,620.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,		}	}	
	column (A) amount, list line 11g expenses on Sch 0.)	3,419.	3,419.		
12 13	Advertising and promotion	1,374.	275.	962.	137.
14	Information technology	196.	98.	98.	± 5 / •
15	Royalties				
16	Occupancy	67,500.	54,000.	13,500.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		·		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,517.	22,200.	3,317.	
23	Insurance	4,243.	4,243.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CROCERY RIPOURCE	749,594.	749,594.		
b	TOTAL TOTAL	20,984.	18,886.	1,049.	1,049.
c	DANK AND COUDTH CADD HE	18,719.	12,148.	934.	5,637.
d	22002116 661222 4 611227 72	15,430.	15,430.		
е	All other expenses SEE SCH O	38,379.	32,959.	4,949.	471.
25	Total functional expenses. Add lines 1 through 24e	1,181,776.	1,111,084.	52,036.	18,656.
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			LL	

rarux		Check if Schedule O contains a response or note to any line in the	us Part Y			
		Chock is contound to contains a response of note to any line in the	iio Fait A	(A) Beginning of year		(B) End of year
1	ı `	Cash - non-interest-bearing		27,454.	1	23,544
2	2	Savings and temporary cash investments		47,482.	2	38,802
3	3	Pledges and grants receivable, net	Γ	<u> </u>	3	•
4		Accounts receivable, net	Γ		4	
5		Loans and other receivables from current and former officers, dir	ectors.			
		trustees, key employees, and highest compensated employees	·			
ŀ		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), ar	í			
		employers and sponsoring organizations of section 501(c)(9) volu	- 1			
, l		employees' beneficiary organizations (see instr). Complete Part II	-		6	
ASSets		Notes and loans receivable, net	OI SCITE		7	
ğ 8		Inventories for sale or use	· -	38,622.	8	62,714
9		Prepaid expenses and deferred charges	<u> </u>		9	02,114
			-		9	
"		• ' '	233,985.			
			52,956.	187,945.	40-	101 020
			34,930.	107,343.	10c	181,029
11		Investments - publicly traded securities Investments - other securities. See Part IV, line 11	-		11	
12		·	•		12	
13		Investments - program-related. See Part IV, line 11	H		13	
14		Intangible assets	-	12 250	14	12.250
15		Other assets. See Part IV, line 11	-	13,250.	15	13,250
16		Total assets. Add lines 1 through 15 (must equal line 34)		314,753.	16	319,339
17		Accounts payable and accrued expenses	<u> </u>		17	
18		Grants payable	-	·	18	
19		Deferred revenue	-		19	
20		Tax-exempt bond liabilities			20	-
21		Escrow or custodial account liability. Complete Part IV of Schedu			21	
တ္ 22		Loans and other payables to current and former officers, director				
		key employees, highest compensated employees, and disqualifie	ed persons.			
		Complete Part II of Schedule L	-		22	
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	ŀ			
		parties, and other liabilities not included on lines 17-24) Complet	e Part X of			
		Schedule D	-	2,784.		4,820
26		Total liabilities. Add lines 17 through 25		2,784.	26	4,820
		Organizations that follow SFAS 117 (ASC 958), check here	LX and			
Se		complete lines 27 through 29, and lines 33 and 34.				
E 27		Unrestricted net assets	-	311,969.	27	314,519
r 28		Temporarily restricted net assets		28		
g 29		Permanently restricted net assets		29		
2		Organizations that do not follow SFAS 117 (ASC 958), check I	here 🕨 📖 📗			
5		and complete lines 30 through 34.				
<u>ရှိ</u> 30)	Capital stock or trust principal, or current funds	L		30	
ខ្លុំ 31	1	Paid-in or capital surplus, or land, building, or equipment fund	. L		31	
27 28 29 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	2	Retained earnings, endowment, accumulated income, or other fu	ınds _	<u> </u>	32	
z 33	3	Total net assets or fund balances	L	311,969.	33	314,519
34	<u>. </u>	Total liabilities and net assets/fund balances		314,753.	34	319,339

orm	990 (2016) GOOD GROCER	45-	-38 <u>44</u>	<u>1389</u>	_Pag	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
	•	ı				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,190</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>_</u> 1	.,181	.,7	<u> 76.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		9	0,0	<u>56.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		311	. , 9	69.
5	Net unrealized gains (losses) on investments	5			<	<u>47.</u> >
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<€	, 4	59.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		314	, 5	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		··		<u>.</u>	
					Yes	No
1	Accounting method used to prepare the Form 990' X Cash Accrual Other			1 1	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1 1		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		} }	}	
	separate basis, consolidated basis, or both]	,	
	Separate basis Consolidated basis Both consolidated and separate basis			1 ((
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,]]		
	consolidated basis, or both			1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis			{		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ı	! !	- [
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C).		1	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?			3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	tit		Ţ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

45-3844389 GOOD GROCER Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	- -					
	membership fees received. (Do not	1					
	include any "unusual grants.")	<u> </u>					
2	Tax revenues levied for the organ-	}					
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>				
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)	<u> </u>					
6	Public support. Subtract line 5 from line 4						L
Sec	tion B. Total Support			·	·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						· · · · · · · · · · · · · · · · · · ·
9	Net income from unrelated business		1			İ	
	activities, whether or not the				ļ		
	business is regularly carried on				·	-	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor				<u>.</u>		▶
	ction C. Computation of Publ					 	
	Public support percentage for 2016 (•	column (f))		14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the	•			14 is 33 1/3% or i	nore, check this bo	ox and
	stop here. The organization qualifies		ū				. ▶□
b	33 1/3% support test - 2015. If the	•			d line 15 is 33 1/3%	6 or more, check to	nis box
	and stop here. The organization qual	, ,					▶□
17a	10% -facts-and-circumstances tes	-	=				
	and if the organization meets the "fac			•	•	irt VI how the orgai	nization
	meets the "facts-and-circumstances"	•	•		•		▶□
t	10% -facts-and-circumstances tes	•	-				
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire		-		· · · · · ·		▶⊨
18	Private foundation. If the organization	in did not check a	box on line 13, 16	6a, 16b, 17a, or 17		··	
					Sch	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 GOOD GROCER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				-		
	ınclude any "unusual grants.")	290,941.	226,775.	401,565.	648,057.	1190760.	2758098.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						=
	furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	290,941.	226,775.	401,565.	648,057.	1190760.	2758098.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						2758098.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6	290,941.	226,775.	401,565.	648,057.	1190760.	2758098.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	93.	104.	72.	51.	72.	392.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	93.	104.	72.	51.	72.	392.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	291,034.	226,879.	401.637	648,108.	1190832	2758490.
	First five years. If the Form 990 is for						
•	check this box and stop here	ano organization c	5 m 5t, 6666ma, tim	a, 10a1 a1, 01 mai a	ax your do a doorlo		.uo., ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage		·		
	Public support percentage for 2016 (column (f))		15	99.99 %
	Public support percentage from 2015		-		·	16	99.98 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.01 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	.02 %
19	a 33 1/3% support tests - 2016. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	rfies as a publicly	supported organiz	ation	$\triangleright \mathbf{X}$
ŧ	b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		:
2		
3a		
3b		
20		
3c		
4a		
4b		
		!
4c		
	!	
Fo		
5a		
5b_		
5c		<u> </u>
6		
7		
		_
8		
9a		
9b		
9c		
10a		

Schedule A (Form 990 or 990-EZ) 2016 (GOOD	GROCER
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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	ganization (see
	instructions)		-	

Schedule A (Form 990 or 990-EZ) 2016

. ai	Type in Non-Functionally integrated 509	(a)(s) Supporting Orga	arrizacions (continuea)	
<u>Sect</u>	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7\$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions	_ <u></u>		
-6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<u></u>		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	······································			

Schedule A	(Form 990 or 990-EZ) 2016 GOOD GROCER		45-3844389 Page 8
Part VI	Supplemental Information. Provide the explanations Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lin Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, (See instructions)	, 11a, 11b, and 11c, Part IV, Section B, lines 1 es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	17b, Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e, Part V,
			AV-1
	, , , , , , , , , , , , , , , , , , , ,		
			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOOD GROCER

Employer identification number 45-3844389

Schedule D (Form 990) 2016

Pa	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds	s or Accounts. Complete if the
L	organization answered "Yes" on Form 990, F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng 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 ad	visors in writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organ	_	Yes No
6	Did the organization inform all grantees, donors, and	-	
٠	for charitable purposes and not for the benefit of the		
	impermissible private benefit?		Yes No
Pa		of the organization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (e.g., recre		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2		ld a qualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conser-	vation easement is located >	
5	Does the organization have a written policy regarding	ng the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation eas	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforcing con	nservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports c	·	
	include, if applicable, the text of the footnote to the	organization's financial statements that describes	s the organization's accounting for
Do	conservation easements art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or C	Other Similar Accets
ra	Complete if the organization answered "Yes"		Other Sillinai Assets.
			mont and belongs about walks of out
та	If the organization elected, as permitted under SFA	•	•
	historical treasures, or other similar assets held for p		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements the		
b	, .	•	
	treasures, or other similar assets held for public exh	nibition, education, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items.		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1	•	•
^	(ii) Assets included in Form 990, Part X	torical transuiros, or other similar seests for E	\$
2			ai gairi, provide
_	the following amounts required to be reported unde	or A3 110 (A3C 330) relating to triese items	▶ ¢
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X	•	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	edule D (Form 990) 2016 GOOD GRO							<u>44389</u>	
Pai	rt III Organizations Maintaining C	ollections of Ar	rt, Histor	ical Treasures,	or Othe	er Simila	ar Asse	t s (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check an	ny of the following th	nat are a s	ignificant i	use of its	collection i	tems
	(check all that apply):								
а	Public exhibition	d	Loa	ın or exchange prog	grams				
b	Scholarly research	е	Oth	ier					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they	further the organiza	ition's exe	mpt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, histoi	rıcal treasures, or ot	ther sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he organiza	ation's collection?				Yes	No.
Pa	rt IV Escrow and Custodial Arrang		ete if the org	ganızatıon answered	d "Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for con	ntributions or other a	assets not	ıncluded		_	
	on Form 990, Part X?			-				Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tabl	e					
								Amount	
С	Beginning balance					1c			
d	Additions during the year			•		1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esci	row or custodial acc	count liabi	lity?		Yes	U No
	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete if	the organization an	swered "Ye	es" on Form 990, Pa					
	<u> </u>	(a) Current year	(b) Prior	year (c) Two ye	ears back	(d) Three y	rears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			-					
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	-	e (line 1g, c	column (a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	· · ·	%							
	The percentages on lines 2a, 2b, and 2c shou	•							
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that ai	re held and adminis	tered for t	he organiz	zation		
	by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	 -
ь	If "Yes" on line 3a(ii), are the related organization	•						3b	
Dai	rt VI Land, Buildings, and Equipm		wment tune	as					
Га) Dort IV Iv	no 11a Soo Form O	00 Dod V	line 10			
	Complete if the organization answered		1		T			(I) De els	
	Description of property	(a) Cost or o	I	(b) Cost or other basis (other)	, , ,	ccumulate preciation	I .	(d) Book	value
_	land	Dasis (IIIVestri	nent)	Dasis (Ulilet)	l de	PIECIALION			
	Land								
	Buildings				1				
C	Leasehold improvements				+				
	Equipment			222 005	+	E2 0	56	101	020
	Other		V 201:	233,985	•	52,9	20. 		<u>,029.</u> ,029.
<u>ı ota</u>	I, Add lines 1a through 1e. (Column (d) must ed	yuai romi 990, Part	∧, column (D), lifte TUC)				<u> </u>	<u>, U 4 7 .</u>

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 GOOD GROCER			<u> </u>	389 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, III (b) Book value		line 12 Cost or end-of-year ma	arkot valuo
(1) Financial derivatives	(b) Book value	(C) Welliou of Valuation	Cost of end-of-year the	arket value
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	· · · · · · · · · · · · · · · · · · ·			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11c See Form 990, Part X,	line 13	
(a) Description of investment	(b) Book value		Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)				·
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III Description	ne 11d See Form 990, Part X,		ale valua
	Description		(D) D(ook value
(1)		*** ***********************************		
(2)				
(3)			-	
(4)				
(5)				
(6) (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11e or 11f See Form 990, F	art X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	.,			
(2) SALES TAX PAYABLE		4,820.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

4,820.

Sched <u>u</u>	e D (Form 990) 2016 GOOD GROCER		<u>45-38443</u>	889 Page 4
Part 2	[I Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1 To	stal revenue, gains, and other support per audited financial statements		1	
2 A	nounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a N	et unrealized gains (losses) on investments	2a		
b D	onated services and use of facilities	2b		
c Re	ecoveries of prior year grants	2c		
d O	her (Describe in Part XIII.)	2d		
e Ad	id lines 2a through 2d .		2e	
3 St	ubtract line 2e from line 1		3	
4 A	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
b O	her (Describe in Part XIII)	4b		
c A	dd lines 4a and 4b		4c	
	stal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Part 2	(II) Reconciliation of Expenses per Audited Financial Stat	· · · · · · · · · · · · · · · · · · ·	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
	tal expenses and losses per audited financial statements		- 1 	
2 A	nounts included on line 1 but not on Form 990, Part IX, line 25	1 1	1 1	
_	onated services and use of facilities	2a		
b P	or year adjustments	_2b		
c O	her losses .	2c		
d O	her (Describe in Part XIII)	_2d		
e A	dd lines 2a through 2d			
3 St	ubtract line 2e from line 1		3	
4 A	nounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a In	vestment expenses not included on Form 990, Part VIII, line 7b	_4a		
ьо	her (Describe in Part XIII.)	_4b		
c A	dd lines 4a and 4b		4c	
	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	
	(III Supplemental Information.			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,		; Part V, line 4; Part X, line 2;	; Part XI,
lines 2d	and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
				
חמגם	v itme 2.			
PART	X, LINE 2:			
THE	ORGANIZATION'S INCOME TAX RETURNS FOR	THE ETSCAL V	VEARS ENDING DI	-CEMBER
T 1117	ORGANIZATION D INCOME TAX RETURNS FOR	THE PLOCAL .	IBAND BADING DI	3CEMPER
31.	2014, 2015 AND 2016 ARE SUBJECT TO EXA	MINATION BY	THE IRS. GENE	RATITY
<u> </u>	dolly bold the bold that bolder to be		1110 1110/ 022(2)	
FOR	THREE YEARS AFTER THEY WERE FILED.			
			· · · · · · · · · · · · · · · · · · ·	
				
				

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Schedule D (Form 990) 2016

SCHEDULE O

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. (Form 990 or 990-EZ)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

GOOD GROCER	45-3844389
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATIO	N MISSION:
HAVE EVERY FOOD CLUB MEMBER CONNECTED TO A FINANCIAL	FOOD SPONSOR.
FORM 990, PAGE 1, BOX B - AMENDED RETURN	
THE RETURN IS BEING AMENDED AS DUE TO THE MINNESOTA	ATTORNEY GENERAL
REQUIREMENTS THE ORGANIZATION WAS REQUIRED TO HAVE A	N AUDIT OF THEIR
FINANCIAL STATEMENTS. BASED UPON THE AUDIT, ADDITIO	NAL ADJUSTING
ENTRIES WERE REQUIRED AS SUCH SOME OF THE AMOUNTS RE	FLECTED ON THE
INITIAL RETURN FILED CHANGED. THE MOST SIGNIFICANT	CHANGE WAS AN
ADJUSTMENT TO BEGINNING OF THE YEAR (2016) INVENTORY	BALANCE WHICH WAS
DECREASED BY \$6,459. DUE TO THIS CHANGE AN ADJUSTME	INT WAS ALSO
REQUIRED TO ADJUST THE FOOD PURCHASES BY \$9,619.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 WAS PRESENTED TO THE EXECUTIVE DIRECTOR AND	BOOKKEEPER FOR REVIEW
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE MANAGEMENT AND BOARD MEMBERS OF THE ORGANIZATION	COMPLETE A CONFLICT OF
INTEREST QUESTIONAIRE. THE FORMS ARE REVIEWED AND UP	PDATED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD MEETS ANNUALLY TO DETERMINE AND APPROVE TH	HE EXECUTIVE DIRECTORS
COMPENSATION. THE BOARD GATHERS COMPENSATION AMOUNTS	S FOR SIMILAR
ORGANIZATIONS AND POSITIONS THROUGH VARIOUS RESEARCH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	AND COMPENSATION Schedule 0 (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization GOOD GROCER	Page 2 Employer identification number 45-3844389
STUDIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL STATEMENTS ARE AVAILABLE UPON REQUEST AT	GOOD GROCER.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTI	ONAL EXPENSES:
SUPERVALU EXPENSES:	
PROGRAM SERVICE EXPENSES	11,632.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,632.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,559.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,559.
PHONE :	
PROGRAM SERVICE EXPENSES	4,817.
MANAGEMENT AND GENERAL EXPENSES	268.
FUNDRAISING EXPENSES	268.
TOTAL EXPENSES	5,353.
TRUCKING:	
PROGRAM SERVICE EXPENSES	4,657.
MANAGEMENT AND GENERAL EXPENSES	245.
FUNDRAISING EXPENSES	0.
632212 08-25-18 3 2	Schedule O (Form 990 or 990-EZ) (20 16

GOOD GROCER	Employer identification number 45-3844389
TOTAL EXPENSES	4,902.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,292.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,292.
VOLUNTEER APPRECIATION:	
PROGRAM SERVICE EXPENSES	2,029.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,029.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,941.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,941.
STORE SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,710.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,710.
BUSINESS LICENSE:	
PROGRAM SERVICE EXPENSES	1 , 362 . Schedule O (Form 990 or 990-EZ) (2016

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization GOOD GROCER	Employer identification number 45-3844389
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,362.
PRINTING:	
PROGRAM SERVICE EXPENSES	948.
MANAGEMENT AND GENERAL EXPENSES	203.
FUNDRAISING EXPENSES	203.
TOTAL EXPENSES	1,354.
DONATIONS:	
PROGRAM SERVICE EXPENSES	245.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	245.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 38,379.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR PERIOD INVENTORY ADJUSTMENT	-6,459.