

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization THE GLOBAL FOODBANKING NETWORK
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
70 E. LAKE STREET 1200
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60601

D Employer identification number 20-4268851

E Telephone number (312) 782-4560

F Name and address of principal officer: LISA MOON
SAME AS C ABOVE

G Gross receipts \$ 8,893,038

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.FOODBANKING.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2006 **M** State of legal domicile: IL

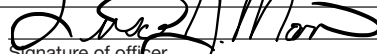
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE GLOBAL FOODBANKING NETWORK (GFN) SEEKS TO NOURISH THE WORLD'S HUNGRY THROUGH AN INTERNATIONAL NETWORK OF FOOD BANKS. GFN UNITES (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,488,385	Current Year 8,844,300
	9	Program service revenue (Part VIII, line 2g)	23,196	44,385
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,825	2,207
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,039
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,516,406	8,891,931
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	814,333	1,490,636
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,214,847	1,254,053
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>329,458</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	652,853	747,497
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,682,033	3,492,186
19	Revenue less expenses. Subtract line 18 from line 12	(165,627)	5,399,745	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,227,625	End of Year 6,688,668
	21	Total liabilities (Part X, line 26)	145,771	214,726
	22	Net assets or fund balances. Subtract line 21 from line 20	1,081,854	6,473,942

Part II Signature Block

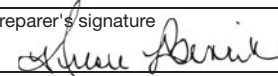
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 2017.10.4

LISA MOON, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK Preparer's signature:  Date: 9/29/2017 Check if self-employed PTIN: P00756195

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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 ALLEVIATE GLOBAL HUNGER BY COLLABORATING TO DEVELOP FOOD BANKS IN COMMUNITIES WHERE THEY ARE NEEDED AND BY SUPPORTING FOOD BANKS WHERE THEY EXIST.

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 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 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,885,430 including grants of \$ 1,490,636) (Revenue \$ 0)
CAPACITY BUILDING: GFN PROVIDES CATALYTIC INVESTMENTS IN FOOD BANKS THAT ALLOW THEM TO GROW THEIR SERVICE AREA OR INCREASE THEIR DISTRIBUTION OF NUTRIENT-RICH, PERISHABLE FOODS. ALTHOUGH THE MAJORITY OF FOOD BANKS IN GFN'S NETWORK BENEFIT FROM LOCAL SUPPORT, IT IS DIFFICULT FOR THEM TO SECURE THE RESOURCES NEEDED TO EXPAND THEIR SERVICE AREA OR BUILD OUT THEIR INFRASTRUCTURE TO DELIVER NEW CATEGORIES OF FOOD, PARTICULARLY FRUITS AND VEGETABLES. TO REMEDY THIS, GFN IS PARTNERING WITH GLOBAL DONORS TO GROW THE RESOURCE POOL INTO WHICH GFN FOOD BANKS CAN TAP AND PARTNERING WITH FOOD BANKS TO DETERMINE THE INVESTMENTS THAT WOULD HAVE THE GREATEST IMPACT ON HUNGER AND MALNUTRITION. CAPACITY-BUILDING EFFORTS INITIATED BY GFN BENEFIT FROM THE EXPERTISE OF OUR PROGRAMMING TEAM, WHICH HAS DECADES OF EXPERIENCE IN HUNGER RELIEF AND FOOD BANKING. IN FY17 THIS CAPACITY BUILDING PROGRAM PROVIDED 85,000 PEOPLE AROUND THE WORLD WITH SAFE AND NUTRITIOUS FOOD. FOOD BANKS IN FRANCE, GERMANY, IRELAND, HONG KONG, MEXICO, SOUTH AFRICA, SPAIN, AND UNITED (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 398,812 including grants of \$ 0) (Revenue \$ 0)
ASSURING SAFETY THROUGH CERTIFICATION:
ALTHOUGH MUCH OF GFN'S WORK NOW FOCUSES ON STRENGTHENING AND DIRECTING RESOURCES TO ESTABLISHED FOOD BANKS, THERE ARE STILL MANY COMMUNITIES WHERE NEW FOOD BANKS ARE NEEDED. FOR THESE NEW FOOD BANKS, GFN PROVIDES FOCUSED AND INTENSIVE TRAINING, KNOW-HOW, AND SUPPORT THAT IS INTENDED TO HELP THEM LAUNCH AND GROW OPERATIONS MUCH MORE QUICKLY. ONCE SUFFICIENTLY DEVELOPED, FOOD BANKS ARE "CERTIFIED" BY GFN AND FORMALLY JOIN OUR NETWORK. THIS CERTIFICATION IS VIEWED BY MANY PARTNERS AS A THIRD-PARTY SEAL OF APPROVAL THAT VALIDATES THE FOOD BANK'S OPERATIONS, ALLOWING IT TO ACCESS FINANCIAL AND FOOD RESOURCES FROM LOCAL AND GLOBAL PARTNERS. FOR EXAMPLE, CERTIFICATION ENSURES THAT A FOOD BANK IS LEGALLY REGISTERED, IS OPERATING ETHICALLY AND FREE FROM CORRUPTION, IS PARTNERING EFFECTIVELY WITH SOCIAL SERVICE AGENCIES, AND IS HANDLING FOOD SAFELY. CERTIFICATION IS REVIEWED BY GFN EVERY TWO YEARS TO ENSURE COMPLIANCE WITH LEGAL, FINANCIAL, ETHICAL, AND FOOD SAFETY STANDARDS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 324,046 including grants of \$ 0) (Revenue \$ 44,385)
EDUCATION AND TRAINING: THE GFN FOOD BANK LEADERSHIP INSTITUTE (FBLI) REMAINS THE ONLY TRAINING AND EDUCATION CONFERENCE FOR FOOD BANK LEADERS BASED IN LATIN AMERICA, THE CARIBBEAN, THE MIDDLE EAST, AFRICA, AND ASIA. MANY FOOD BANKERS OUTSIDE OF THE US AND EUROPE ARE EXTREMELY ISOLATED. FOR THEM, FBLI IS NOT ONLY THE SOLE OPPORTUNITY FOR SPECIALIZED PROFESSIONAL TRAINING, BUT ALSO A CHANCE TO CONNECT WITH PEERS. THE FY2017 FBLI BROUGHT TOGETHER 77 FOOD BANK LEADERS FROM 32 COUNTRIES. SESSIONS COVERED EVERYTHING FROM THE BASICS OF FOOD BANKING TO MODELS FOR EFFECTIVE BOARD GOVERNANCE AND ADVANCING NUTRITION. ALTHOUGH FBLI REMAINS A TRAINING CONFERENCE, IT IS INCREASINGLY BECOMING A PLATFORM TO SHARE BEST PRACTICES AND IDEAS. THIS IS ESPECIALLY EVIDENT BY THE GROWING ATTENDANCE OF US AND EUROPEAN FOOD BANKERS, WHO HAVE ACCESS TO TRAINING THROUGH THEIR NATIONAL AND REGIONAL ASSOCIATIONS YET STILL PRIORITIZE ATTENDING FBLI. ENGAGEMENT IN FBLI IS PROVEN TO BE TRANSFORMATIONAL FOR NEW AND EMERGING FOOD BANK LEADERS. AN ASSESSMENT CONDUCTED IN FY16 FOUND THAT (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 124,546 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 2,732,834

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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.	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
16b	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

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, CA, CT, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
BETH E. SAKS, 70 E. LAKE STREET, SUITE 1200, CHICAGO, IL 60601, (312) 782-4560, FAX: (312) 782-4580

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN GILBERTSON CHAIRMAN AS OF 1/1/17, VICE CHAIRMAN	5.0	✓		✓			0	0	0	
(2) JASON RAMEY DIRECTOR, VICE CHAIRMAN AS OF 1/1/17	1.0	✓		✓			0	0	0	
(3) PAT TRACY CHAIRMAN (PARTIAL YEAR)	3.0	✓		✓			0	0	0	
(4) PATRICK ALIX DIRECTOR	1.0	✓					0	0	0	
(5) KATHARINE BAMBRICK DIRECTOR	1.0	✓					0	0	0	
(6) SAFIATOU FRANCOISE BA-N'DAW DIRECTOR (PARTIAL YEAR)	1.0	✓					0	0	0	
(7) CATHERINE BERTINI DIRECTOR	1.0	✓					0	0	0	
(8) MARTIN BURT DIRECTOR	3.0	✓					0	0	0	
(9) CRISTIAN CARDONER DIRECTOR	2.0	✓					0	0	0	
(10) CAROL CRINER DIRECTOR	2.0	✓					0	0	0	
(11) JAYNEE DAY DIRECTOR	1.0	✓					0	0	0	
(12) CHERI FOX DIRECTOR (PARTIAL YEAR)	1.0	✓					0	0	0	
(13) BRIAN GREENE DIRECTOR	2.0	✓					0	0	0	
(14) ELLEN GOLDBERG LUGER DIRECTOR	1.0	✓					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WILLIAM RUDNICK DIRECTOR (PARTIAL YEAR)	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) WILLIAM THOMAS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) LISA MOON PRESIDENT AND CEO	40.0			<input checked="" type="checkbox"/>				192,000	0	905
(18) CHRISTOPHER REBSTOCK SR. VP NETWORK DEVELOPMENT AND SECRETARY	40.0			<input checked="" type="checkbox"/>				146,624	0	15,695
(19) BETH E. SAKS CFO, TREASURER, ASSISTANT SECRETARY	40.0			<input checked="" type="checkbox"/>				138,982	0	18,212
(20) CATHERINE WOOD DIRECTOR, CORPORATE AND FOUNDATION PARTNERSHIPS	40.0					<input checked="" type="checkbox"/>		100,127	0	6,635
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								577,733	0	41,447
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								577,733	0	41,447

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0					
	b Membership dues	1b 0					
	c Fundraising events	1c 0					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,844,300					
	g Noncash contributions included in lines 1a-1f: \$	1,107					
	h Total. Add lines 1a-1f	▶	8,844,300				
Program Service Revenue	Business Code						
	2a CONFERENCE REGISTRATION FEES	611430	44,385	44,385			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	44,385					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	2,207			2,207	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties	▶					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)	▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,107			
		b Less: cost or other basis and sales expenses		1,107			
		c Gain or (loss)		0	0		
	d Net gain or (loss)	▶	0			0	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events . ▶					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a CREDIT CARD REWARDS	900099	1,039			1,039		
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d	▶	1,039					
12 Total revenue. See instructions.	▶	8,891,931	44,385	0	3,246		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	1,490,636	1,490,636		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	507,997	273,635	204,499	29,863
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	610,696	351,812	89,389	169,495
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,267	8,000	708	4,559
9 Other employee benefits	36,655	20,277	8,085	8,293
10 Payroll taxes	85,438	46,606	22,657	16,175
11 Fees for services (non-employees):				
a Management				
b Legal	7,260	7,260		
c Accounting	22,300		22,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	325,117	262,623	21,399	41,095
12 Advertising and promotion				
13 Office expenses	56,299	19,211	15,929	21,159
14 Information technology	15,813	6,669	2,132	7,012
15 Royalties				
16 Occupancy	45,656	34,103	6,898	4,655
17 Travel	232,431	187,110	28,736	16,585
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,035	1,490		545
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,810	14,315	1,952	3,543
23 Insurance	10,876	5,751	4,036	1,089
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.)				
a STATE SOLICITATION REGISTRATION FEES	3,955			3,955
b MEMBERSHIP DUES	1,264	645	619	
c				
d				
e All other expenses	4,681	2,691	555	1,435
25 Total functional expenses. Add lines 1 through 24e	3,492,186	2,732,834	429,894	329,458
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	503	1	424,544
	2 Savings and temporary cash investments	1,157,973	2	786,156
	3 Pledges and grants receivable, net	36,035	3	5,288,415
	4 Accounts receivable, net		4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,954	9	26,897
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 188,381		
	b Less: accumulated depreciation	10b 27,909	12,904	10c 160,472
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,256	15	2,184
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,227,625	16	6,688,668	
Liabilities	17 Accounts payable and accrued expenses	119,071	17	214,726
	18 Grants payable	26,700	18	0
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	145,771	26	214,726
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	792,708	27	920,345
	28 Temporarily restricted net assets	289,146	28	5,553,597
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,081,854	33	6,473,942
34 Total liabilities and net assets/fund balances	1,227,625	34	6,688,668	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,891,931
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,492,186
3	Revenue less expenses. Subtract line 2 from line 1	3	5,399,745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,081,854
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(7,657)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,473,942

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
---	---

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.)

- 1 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)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,058,590	2,215,332	2,680,745	2,488,385	8,844,300	18,287,352
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,058,590	2,215,332	2,680,745	2,488,385	8,844,300	18,287,352
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,854,118
6 Public support. Subtract line 5 from line 4						8,433,234

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2,058,590	2,215,332	2,680,745	2,488,385	8,844,300	18,287,352
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,054	2,324	4,395	4,825	2,207	15,805
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						18,303,157
12 Gross receipts from related activities, etc. (see instructions)					12	131,092
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	46.08 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	52.03 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
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 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			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 990-PF, 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 THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
---	---

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
1		\$ 5,833,698	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 430,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 325,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
---	---

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
7	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
---	---

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	-----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
---	---

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			(d) Description of how gift is held
-----	-----	-----	-----

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
-----	-----
-----	-----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: THE GLOBAL FOODBANKING NETWORK; Employer identification number: 20-4268851

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		31,200	2,229	28,971
d Equipment		48,672	15,130	33,542
e Other		108,509	10,550	97,959
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				160,472

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	EXPENSE REIMBURSEMENTS	765
	REFUNDS FROM PRIOR YEARS	2,082
	OVER ACCRUAL OF PRIOR YEAR EXPENSES	10,681
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	CURRENCY TRANSLATION	3,583
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	EXPENSE REIMBURSEMENTS	765
	REFUNDS FROM PRIOR YEARS	2,082
	OVER ACCRUAL OF PRIOR YEAR EXPENSES	10,681

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>GFN HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THAT IT IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME.</p> <p>GFN FOLLOWS GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS GFN HAS HAD NO UNRELATED BUSINESS INCOME. MANAGEMENT BELIEVES GFN HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. THERE WERE NO INCOME TAX RELATED INTEREST OR PENALTIES RECOGNIZED BY GFN FOR THE YEARS ENDED JUNE 30, 2017 AND 2016. GFN HAS NOT BEEN EXAMINED BY ANY TAX JURISDICTION. GFN RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. GFN RECOGNIZED AND ACCRUED NO AMOUNTS FOR INTEREST AND PENALTIES AS OF AND FOR THE YEARS ENDED JUNE 30, 2017 AND 2016. GFN DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		20,830
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		270,700
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		1,189,856
(4) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,000
(5) SOUTH AMERICA	0	0	GRANTMAKING		4,250
(6) MIDDLE EAST AND NORTH AFRICA	0	0	TRAVEL		1,677
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	TRAVEL		29,899
(8) EAST ASIA AND THE PACIFIC	0	0	TRAVEL		34,646
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	TRAVEL		22,677
(10) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	TRAVEL		10,570
(11) RUSSIA AND NEIGHBORING STATES	0	0	TRAVEL		1,386
(12) SOUTH AMERICA	0	0	TRAVEL		46,214
(13) SOUTH ASIA	0	0	TRAVEL		5,967
(14) SUB-SAHARAN AFRICA	0	0	TRAVEL		15,437
(15)					
(16)					
(17)					
3a Sub-total	0	0			1,659,109
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,659,109

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** 15

3 Enter total number of other organizations or entities **▶** 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA AND THE PACIFIC	VOLUNTEER ENGAGEMENT, WAREHOUSE OR VEHICLE REFRIGERATION, INVENTORY SYSTEM SOFTWARE LICENSE	15,830	WIRE TRANSFER			
(2)		EAST ASIA AND THE PACIFIC	VOLUNTEER ENGAGEMENT	5,000	WIRE TRANSFER			
(3)		EUROPE (INCLUDING ICELAND AND GREENLAND)	VOLUNTEER ENGAGEMENT	5,000	WIRE TRANSFER			
(4)		EUROPE (INCLUDING ICELAND AND GREENLAND)	BUILD CAPACITY IN REGIONAL LOGISTICS CENTERS	87,640	WIRE TRANSFER			
(5)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE A REFRIGERATED VEHICLE	22,148	WIRE TRANSFER			
(6)		EUROPE (INCLUDING ICELAND AND GREENLAND)	EXPAND SERVICE AREA AND NATIONAL VOLUNTEER PILOT, VOLUNTEER ENGAGEMENT, SUPPORT SALARIES FOR KEY FOOD BANK STAFF	910,900	WIRE TRANSFER			
(7)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PURCHASE OF VANS AND HAND TRUCKS	82,133	WIRE TRANSFER			
(8)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DESIGN AND IMPLEMENT IT APPLICATION TO SUPPORT LOGISTICS	82,035	WIRE TRANSFER			
(9)		NORTH AMERICA (CANADA & MEXICO ONLY)	BACKPACK FEEDING PROGRAM	114,000	WIRE TRANSFER			
(10)		NORTH AMERICA (CANADA & MEXICO ONLY)	VOLUNTEER ENGAGEMENT	5,000	WIRE TRANSFER			
(11)		NORTH AMERICA (CANADA & MEXICO ONLY)	WAREHOUSE ADAPTATION AND EQUIPMENT PURCHASES	51,540	WIRE TRANSFER			
(12)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE OF REFRIGERATED TRUCK AND SALARIES FOR APPLICABLE STAFF	44,226	WIRE TRANSFER			
(13)		NORTH AMERICA (CANADA & MEXICO ONLY)	PURCHASE REFRIGERATED TRUCK	55,934	WIRE TRANSFER			
(14)		SOUTH AMERICA	TRANSPORTATION COSTS RELATED TO FOOD COLLECTION	4,250	WIRE TRANSFER			
(15)		SUB-SAHARAN AFRICA	VOLUNTEER ENGAGEMENT	5,000	WIRE TRANSFER			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>THE GLOBAL FOODBANKING NETWORK (GFN) MAKES OCCASIONAL GRANTS TO FOOD BANKS OR NATIONAL FOOD BANK NETWORKS IN COUNTRIES OTHER THAN THE UNITED STATES FOR A VARIETY OF PURPOSES. THE MAJORITY OF GRANTS ARE AIMED AT HELPING THE GRANTEE TO EXPAND OPERATIONAL OR PROGRAMMATIC CAPACITY/ REACH, AND ACCORDINGLY ARE AWARDED FOR THE PURCHASE OF VEHICLES OR EQUIPMENT, HIRING OF STAFF, OR ACQUISITION OR IMPROVEMENT OF WAREHOUSE FACILITIES. GRANTEES ARE SELECTED BASED ON A COMBINATION OF FACTORS, INCLUDING:</p> <ul style="list-style-type: none"> •SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE, •GFN ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS, •THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, •THE WILLINGNESS OF THE GRANTEE TO EXECUTE A GRANT AGREEMENT THAT STIPULATES, AMONG OTHER THINGS, THE PURPOSE OF THE GRANT, THE RESTRICTED USE(S) OF THE GRANT, AND REPORTING REQUIREMENTS TO FACILITATE MONITORING. <p>WHEN A GRANT IS OFFERED TO A GRANTEE, GFN NEGOTIATES A GRANT AGREEMENT WITH THE GRANTEE THAT ADDRESSES ALL RELEVANT PROGRAMMATIC AND LEGAL REQUIREMENTS RELATED TO THE GRANT, AND THEN ENGAGES IN-COUNTRY COUNSEL TO CONDUCT LEGAL DUE DILIGENCE ON THE GRANTEE, ASSURING THAT IT IS A LEGALLY ESTABLISHED, IN-GOOD-STANDING ENTITY IN ITS COUNTRY AND HAS LEGAL AUTHORITY TO ENTER INTO A BINDING GRANT AGREEMENT. FINALLY, GFN SCREENS THE GRANTEE, ITS GOVERNING BOARD, ITS MANAGEMENT AND KEY STAFF WITH AUTHORITY TO DISBURSE GRANT FUNDS, AND THE BANK WHERE THE FUNDS WILL BE HELD AGAINST SEVERAL TERRORIST WATCH LISTS. ONLY AFTER THE AGREEMENT IS SIGNED AND BOTH THE LEGAL DUE DILIGENCE AND THE SCREENING PROCESS ARE POSITIVELY COMPLETED WILL GFN TRANSFER THE FUNDS TO THE GRANTEE.</p> <p>THE GRANT AGREEMENT IS A LEGALLY BINDING CONTRACT, AND IT STIPULATES THE TIMELINE AND CONTENT FOR PERIODIC REPORTS BY THE GRANTEE TO GFN ON THE USE OF THE GRANT FUNDS AND THEIR IMPACT. A STANDARD FINANCIAL REPORT TEMPLATE IS INCORPORATED IN THE GRANT AGREEMENT, AND THE CONTENT OF NARRATIVE REPORTS IS ALSO DEFINED. GRANT FUNDS ARE TYPICALLY REQUIRED TO BE HELD IN SEPARATE ACCOUNTS ESTABLISHED SOLELY FOR THESE FUNDS IN ORDER TO FACILITATE AUDITING, IF IT SHOULD BE NECESSARY. REPORT DUE DATES ARE TRACKED AND FOLLOW-UP ON DELINQUENT OR MISSING REPORTS IS CONDUCTED AS NEEDED. DEPENDING ON THE SIZE AND SCOPE OF THE GRANT, AS WELL AS ON CERTAIN DONOR REQUIREMENTS, GFN MAY VISIT THE GRANTEE TO CONDUCT RELEVANT OVERSIGHT ACTIVITIES.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GLOBAL FOODBANKING NETWORK

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

20-4268851

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LISA MOON PRESIDENT AND CEO	(i) 192,000	(ii) 0	(iii) 0	800	105	192,905	0
	(ii) 0	0	0	0	0	0	0	0
2	CHRISTOPHER REBSTOCK SR. VP NETWORK DEVELOPMENT AND SECRETARY	(i) 136,624	(ii) 10,000	(iii) 0	7,195	8,500	162,319	0
	(ii) 0	0	0	0	0	0	0	0
3	BETH E. SAKS CFO, TREASURER, ASSISTANT SECRETARY	(i) 128,982	(ii) 10,000	(iii) 0	7,125	11,087	157,194	0
	(ii) 0	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

2016

Open to Public Inspection

Name of the Organization
THE GLOBAL FOODBANKING NETWORK

Employer Identification Number
20-4268851

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	AND EMPOWERS ORGANIZATIONS THAT SUPPORT THOSE IN NEED BY REDUCING FOOD WASTE AND CULTIVATING RELATIONSHIPS THAT SAVE LIVES. WE COLLABORATE WITH THESE ORGANIZATIONS TO STRENGTHEN THE EFFORT TO DEFEAT HUNGER BY LAUNCHING NEW FOOD BANKS AND ELEVATING THEIR WORK WITH INCREASED EFFICIENCY, SAFETY, AND SCALABILITY. IN FY2017, THE GFN NETWORK RESCUED 940 MILLION POUNDS OF FOOD AND RE-DIRECTED IT TO 7.11 MILLION PEOPLE IN NEED THROUGH MORE THAN 43,000 SOCIAL SERVICE AGENCIES. IN FY2017, GFN FOCUSED ON EXPANDING ITS MEMBERS' CAPACITY, ENHANCING EFFICIENCY AND EFFECTIVENESS THROUGH TRAINING, AND ASSURING SAFETY AND GOOD MANAGEMENT THROUGH CERTIFICATION. WE CURRENTLY WORK IN 32 COUNTRIES, HOME TO MORE THAN ONE-FOURTH OF THE WORLD'S NEARLY 800 MILLION UNDERNOURISHED PEOPLE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	KINGDOM BENEFITED. AN EXAMPLE OF THIS WORK IS THE BACKPACK PROGRAM AT APT, A FOOD BANK IN MEXICO CITY. THIS PROGRAM PROVIDES NUTRITIOUS MEALS FOR 300 HUNGRY CHILDREN AND THEIR FAMILIES EACH WEEK SO THEY CAN HAVE HEALTHY MEALS WHEN THEY ARE NOT IN SCHOOL. IN ADDITION TO CUSTOMIZED CAPACITY BUILDING FOR INDIVIDUAL FOOD BANKS, GFN IS ALSO DEVELOPING PRODUCTS THAT CAN BE ROLLED OUT THROUGHOUT OUR NETWORK. THIS YEAR, THROUGH A PARTNERSHIP WITH A THIRD PARTY, GFN DEVELOPED AN ELECTRONIC INVENTORY MANAGEMENT SYSTEM THAT WILL ENABLE FOOD BANKS ACROSS THE GLOBE TO MOVE FOOD MORE QUICKLY AND EFFECTIVELY TO THOSE IN NEED. THE DEPLOYMENT PILOT OF THIS "IT STARTER KIT" WAS COMPLETED IN MARCH 2017 WITH GFN CERTIFIED MEMBER BANCO DE ALIMENTOS PANAMA AND IT IS PROJECTED TO ENABLE THE RESCUE OF MORE THAN 260,000 POUNDS OF FOOD ANNUALLY.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	IN FY2017, GFN WELCOMED FOOD BANKS IN DOMINICAN REPUBLIC, HONDURAS, AND PANAMA INTO ITS NETWORK. FOOD BANKING ORGANIZATIONS IN ARGENTINA, AUSTRALIA, HONG KONG, PARAGUAY, SOUTH AFRICA, AND SOUTH KOREA WERE RE-CERTIFIED.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	EARLY-STAGE FOOD BANKS THAT WERE REGULARLY ENGAGED WITH FBLI OVER A PERIOD OF FIVE YEARS WERE ABLE TO RAMP UP THEIR OPERATIONS MORE QUICKLY THAN THOSE THAT WERE INCONSISTENTLY ENGAGED WITH THE INSTITUTE. BASED ON THIS ASSESSMENT'S FINDINGS, GFN HAS LAUNCHED AN ONLINE PLATFORM THAT WILL ENABLE ITS MEMBERS TO RECEIVE VIRTUAL TRAINING THROUGHOUT THE YEAR, AS A COMPLEMENT TO FBLI. THIS YEAR, MORE THAN 200 FOOD BANKING LEADERS FROM 17 COUNTRIES UTILIZED THE E-LEARNING PLATFORM.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$124,546 INCLUDING GRANTS OF \$0)(REVENUE \$0) THOUGHT LEADERSHIP TO ACHIEVE ITS ORGANIZATIONAL VISION OF A WORLD FREE OF HUNGER, GFN IS INCREASINGLY ENGAGED IN INTERNATIONAL EFFORTS TO ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS, PARTICULARLY THOSE THAT FOCUS ON ZEROING HUNGER, REDUCING MALNUTRITION, AND HALVING CONSUMER FOOD WASTE BY 2030. IN FY2017, GFN STRENGTHENED ITS COMMUNICATION TOOLS TO PROVIDE MORE EFFECTIVE STAKEHOLDER EDUCATION AND ENGAGEMENT, AND TO INSPIRE NEW AUDIENCES IN THE FIGHT AGAINST HUNGER. THE ORGANIZATION ALSO PLAYED A ROLE IN CRAFTING BROADER SOLUTIONS TO HUNGER IN FOOD WASTE IN PARTNERSHIP WITH THE UN FOOD AND AGRICULTURE ORGANIZATION, THE WORLD BANK, THE WORLD FOOD PRIZE, AND MULTINATIONAL CORPORATE PARTNERS.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE CORPORATION'S BYLAWS AUTHORIZE ITS BOARD OF DIRECTORS (BOD), WHICH IS ITS GOVERNING BODY, BY CREATING BY RESOLUTION A FIVE-DIRECTOR STEERING COMMITTEE CONSISTING OF THOSE DIRECTORS WHO ARE FROM TIME TO TIME THE CHAIRPERSON OF THE BOD, THE VICE CHAIRPERSON OF THE BOD, AND THE CHAIRPERSONS OF EACH OF THE STANDING COMMITTEES CREATED BY THE BYLAWS (THE GOVERNANCE, AUDIT AND FINANCE COMMITTEES) TOGETHER WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER (EX-OFFICIO AND NON-VOTING); PROVIDED THAT THE EXISTENCE OF AN UNFILLED VACANCY SHALL NOT PRECLUDE THE STEERING COMMITTEE FROM ACTING AT A MEETING OF THE STEERING COMMITTEE OR BY INFORMAL ACTION. UNDER THE CORPORATION'S BYLAWS, THE STEERING COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOD IN THE MANAGEMENT OF THE CORPORATION (INCLUDING, WITHOUT LIMITATION, THE AUTHORITY TO DEAL WITH ALL MATTERS INVOLVING CONFLICTS OF INTEREST UNDER ARTICLE XV OF THESE BYLAWS) BETWEEN REGULAR MEETINGS OF THE BOD EXCEPT WITH RESPECT TO ACTS AND MATTERS EXPRESSLY RESERVED TO THE BOD ITSELF BY SECTION 108.40 OF THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT OR THE PROVISION OF THE BYLAWS THAT LIMIT THE AUTHORITY OF THE BODS SPECIFICALLY DELEGATED TO ANOTHER COMMITTEE BY RESOLUTION OF THE BODS ADOPTED BY A MAJORITY OF THE DIRECTORS IN OFFICE. THE STEERING COMMITTEE SHALL HAVE SUCH FURTHER RESPONSIBILITIES AS THE BOARD OF DIRECTORS MAY ASSIGN TO IT FROM TIME TO TIME.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	GFN'S BYLAWS WERE UPDATED, EFFECTIVE 1/1/17, AND INCLUDED THE FOLLOWING SIGNIFICANT CHANGE: DECREASED THE MAXIMUM NUMBER OF VOTING BOARD MEMBERS FROM 15 TO 14.

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THIS FORM 990 WAS INITIALLY PREPARED BY THE CORPORATION'S CHIEF FINANCIAL OFFICER ("CFO"), IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM (SELECTED BY THE BOD UPON THE RECOMMENDATION OF ITS AUDIT COMMITTEE). THE DRAFT WAS THEN REVIEWED BY THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, WHICH IN CONSULTATION WITH THE CFO MADE SUCH REVISIONS TO THE DRAFT AS IT CONSIDERED APPROPRIATE, AND THE DRAFT RESULTING FROM THAT REVIEW WAS CIRCULATED TO THE CORPORATION'S MANAGEMENT TEAM, THE CORPORATION'S GENERAL COUNSEL, AND THE AUDIT COMMITTEE. THEIR COMMENTS WERE THEN CONSIDERED BY THE CFO AND REFLECTED IN A REVISED DRAFT AS THE CFO, IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, CONSIDERED APPROPRIATE. A DRAFT RESULTING FROM THIS PROCESS WAS THEN DISCUSSED BY THE AUDIT COMMITTEE AT A MEETING HELD ON SEPTEMBER 7TH, 2017 ALSO ATTENDED BY THE CFO, REPRESENTATIVES FROM THE CORPORATION'S OUTSIDE TAX PREPARATION AND LEGAL COUNSEL. THE AUDIT COMMITTEE APPROVED THAT DRAFT FOR SUBMISSION TO THE BOD. THE DRAFT WAS PROVIDED TO ALL THE MEMBERS OF THE BOD IN ADVANCE OF, AND APPROVED FOR FILING AT, A MEETING OF THE BOD HELD ON SEPTEMBER 14, 2017.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO THE CORPORATION'S DIRECTORS, KEY EMPLOYEES AND ANY CORPORATE OFFICERS WHO ARE NOT KEY EMPLOYEES. THEY ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, ASKED TO SIGN AN ANNUAL DECLARATION AND AGREE TO BRING TO THE BOD'S ATTENTION ANY FUTURE SITUATION NOT DISCLOSED IN THE DECLARATION. ALL BOD PROSPECTIVE CANDIDATES ARE REQUIRED TO COMPLETE A DECLARATION PRIOR TO THE BOD VOTE.</p> <p>THE BOD OR THE STEERING COMMITTEE HAS THE POWER TO CONSIDER POTENTIAL CONFLICT SITUATIONS AS THEY BECOME AWARE OF THEM AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.</p> <p>IF THE BOD HAS REASONABLE CAUSE TO BELIEVE A KNOWN OR POSSIBLE CONFLICT OF INTEREST WAS NOT DISCLOSED AND AFTER AFFORDING THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE, IS REQUIRED TO TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.</p> <p>IN ADDITION, THE CORPORATION'S CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES IS CONTAINED IN ITS EMPLOYEE MANUAL. IT REQUIRES THAT BOTH A DISCLOSURE OF CONFLICTS AND COMPLETION OF AN ANNUAL DISCLOSURE STATEMENT IS COMPLETED ANNUALLY.</p>						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE STEERING COMMITTEE (WHICH CONSISTS OF MEMBERS OF THE BOD, NONE OF WHOM IS COMPENSATED FOR HIS OR HER SERVICE, AND DOES NOT INCLUDE ANY EMPLOYEES) REVIEWS THE CURRENT AND PROPOSED COMPENSATION OF THE CEO, THE CFO, AND CERTAIN OTHER CORPORATE OFFICERS AND/OR KEY EMPLOYEES. THE COMMITTEE REPORTS AT LEAST ANNUALLY TO THE BOARD REGARDING THE COMMITTEE'S CONCLUSIONS AND MAKES SUCH REPORTS TO THE BOD AS THE COMMITTEE DETERMINES APPROPRIATE REGARDING THE CURRENT AND PROPOSED EXECUTIVE COMPENSATION OF GFN'S CORPORATE OFFICERS AND/OR KEY EMPLOYEES.</p> <p>IN CARRYING OUT THESE FUNCTIONS, THE COMMITTEE REVIEWS SELECTED CURRENT NONPROFIT SALARY SURVEYS WHICH CONSIDER THE SPECIFIC STAFF POSITION, BUDGET SIZE OF THE ORGANIZATION, TYPE OF ORGANIZATION, AND GEOGRAPHIC LOCATION.</p> <p>THE MOST RECENT REVIEW WAS CARRIED OUT IN MAY 2017. THE DELIBERATIONS OF BOTH THE STEERING COMMITTEE AND BOD ARE CONTEMPORANEOUSLY MINUTED.</p>						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE POSITIONS COVERED UNDER THE PROCESS DESCRIBED IN PART VI, LINE 15A INCLUDE: - PRESIDENT AND CEO - CHIEF FINANCIAL OFFICER AND TREASURER - SR. VP NETWORK DEVELOPMENT AND SECRETARY						
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE CORPORATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS WEBSITE ANNUALLY. THE CORPORATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC (OTHER THAN TO THE EXTENT THEY ARE INCLUDED IN ANOTHER DOCUMENT THAT IS PUBLICLY AVAILABLE). THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="464 1591 1304 1619">(a) Description</th> <th data-bbox="1308 1591 1513 1619">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1625 1304 1652">DECREASE IN NET ASSETS, IN-KIND</td> <td data-bbox="1308 1625 1513 1652">- 4,074</td> </tr> <tr> <td data-bbox="464 1659 1304 1686">GRANT CURRENCY TRANSLATION LOSS</td> <td data-bbox="1308 1659 1513 1686">- 3,583</td> </tr> </tbody> </table>	(a) Description	(b) Amount	DECREASE IN NET ASSETS, IN-KIND	- 4,074	GRANT CURRENCY TRANSLATION LOSS	- 3,583
(a) Description	(b) Amount						
DECREASE IN NET ASSETS, IN-KIND	- 4,074						
GRANT CURRENCY TRANSLATION LOSS	- 3,583						