

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15

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
203 N LASALLE STREET 1900
 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: CHRISTOPHER REBSTOCK
SAME AS C ABOVE

G Gross receipts \$ 2,710,570

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)

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

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE GLOBAL FOODBANKING NETWORK (GFN) IS AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT FIGHTS WORLD HUNGER BY CREATING, SUPPORTING AND (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	<u>15</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>15</u>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>14</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>27</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>2,215,332</u>	<u>2,680,745</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>20,775</u>	<u>25,430</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,324</u>	<u>4,395</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>0</u>	<u>0</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,238,431</u>	<u>2,710,570</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>458,372</u>	<u>702,021</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,190,530</u>	<u>1,442,015</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>341,822</u>	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>432,183</u>	<u>458,681</u>	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>2,081,085</u>	<u>2,602,717</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>157,346</u>	<u>107,853</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>1,225,992</u>	<u>1,455,718</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>92,146</u>	<u>203,877</u>
		<u>1,133,846</u>	<u>1,251,841</u>	

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: Christopher Rebstock Date: OCTOBER 19, 2015

Type or print name and title: CHRISTOPHER REBSTOCK, INTERIM CEO

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK Preparer's signature: Nicole Bencik Date: 10/19/2015 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

TO ALLEVIATE GLOBAL HUNGER BY COLLABORATING TO DEVELOP FOOD BANKS IN COMMUNITIES WHERE THEY ARE NEEDED AROUND THE WORLD 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 \$ 1,024,931 including grants of \$ 702,021) (Revenue \$ 0)
BUILDING SIGNIFICANT FOOD BANK CAPACITY AND REACH

GFN IS DEDICATED TO HELPING EXISTING FOOD BANK SYSTEMS BROADEN THEIR OPERATIONS, INCREASE IMPACT, AND DELIVER MORE FOOD TO MORE HUNGRY PEOPLE. DURING FY 2015, GFN'S WORK MADE A SIGNIFICANT IMPACT ON THE OPERATIONS OF THE FOLLOWING COUNTRIES:

•ARGENTINA – GFN HELPED THE FOOD BANK NETWORK INITIATE A STRATEGIC PLANNING PROCESS. THE FOOD BANK NETWORK WAS IN A POSITION TO START THIS PROCESS DUE TO PRIOR YEAR GFN ASSISTED PROJECTS THAT ENHANCED THE FOOD BANKS' INDIVIDUAL AND COLLECTIVE EFFICIENCY AND EFFECTIVENESS. THROUGH INTRODUCTIONS MADE BY GFN, IBM'S CORPORATE SERVICE CORPS (CSC) CHOSE THE FOOD BANK IN MENDOZA AS THE SUBJECT OF A MAJOR MONTH-LONG CONSULTING PROJECT FOR SEVERAL CSC PARTICIPANTS (IBM EMPLOYEES) WHICH RESULTED IN A POSITIVE IMPACT ON THE FOOD BANK'S OPERATIONS AND FURTHERED THE GFN RELATIONSHIP WITH IBM. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 243,399 including grants of \$ 0) (Revenue \$ 25,430)
TRAINING AND TECHNICAL ASSISTANCE RESOURCES

•H-E-B / GFN FOOD BANK LEADERSHIP INSTITUTE (FBLI): GFN CONDUCTED THE 9TH ANNUAL FBLI AT THE HOUSTON FOOD BANK IN TEXAS, BRINGING TOGETHER 75 FOOD BANK LEADERS FROM 35 COUNTRIES ALONG WITH 35 CORPORATE AND OTHER NGO GUESTS. ATTENDANCE WAS 15% HIGHER THAN ANY OTHER YEAR. THE PROGRAM COVERED A WIDE VARIETY OF CONTENT AND TOPICS INCLUDING A HANDS-ON VOLUNTEER EXPERIENCE, OPERATIONAL SESSIONS ON THE SHOP FLOOR AND COURSES COVERING A RANGE OF TOPICS AS DIVERSE AS ESTABLISHING NEW FOOD BANKS, SECURING MORE FOOD, FUNDRAISING, UTILIZING VOLUNTEERS, MARKETING AND COMMUNICATIONS. SPEAKERS INCLUDED FOOD BANK LEADERS, CORPORATE EXPERTS, UNIVERSITY LECTURERS AND HIGH PROFILE REPRESENTATIVES FROM THE UN. FBLI IS A VITAL PART OF ACHIEVING GFN'S MISSION TO ALLEVIATE GLOBAL HUNGER, AND SERVES TO ENHANCE GFN'S ABILITY TO PROMOTE FOOD BANKING AROUND THE WORLD. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 116,465 including grants of \$ 0) (Revenue \$ 0)
ONGOING OPERATIONAL SUPPORT

PROVIDING TRAINING AND RESOURCES

GFN CONTINUES TO PROVIDE TRAINING, TECHNICAL ASSISTANCE AND INTRODUCTIONS TO POTENTIAL GLOBAL RESOURCE PROVIDERS TO FOOD BANKS THROUGHOUT THE NETWORK. THIS ASSISTANCE INCLUDES FIELD VISITS, THE FBLI, OPERATING MANUALS AND SAMPLE DOCUMENTS. PLANS WERE DEVELOPED THIS YEAR FOR SIGNIFICANT ENHANCEMENT AND INTEGRATION OF TRAINING AND EDUCATION RESOURCES, WHICH WILL BE IMPLEMENTED IN THE COMING YEAR. DURING FY 2015 GFN WORKED WITH SEVERAL COUNTRIES INCLUDING BUT NOT LIMITED TO: AUSTRALIA, COSTA RICA, HONDURAS, SIERRA LEONE, AND VARIOUS COUNTRIES IN SOUTH AMERICA AND THE MIDDLE EAST.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 496,633 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 1,881,428

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"/>
12a 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"/>
14a 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1a</td><td style="text-align: right;">7</td></tr></table>	1a	7		
1a	7				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1b</td><td style="text-align: right;">0</td></tr></table>	1b	0		
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2a</td><td style="text-align: right;">14</td></tr></table>	2a	14		
2a	14				
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>7d</td><td></td></tr></table>	7d			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>10a</td><td></td></tr></table>	10a			
10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>10b</td><td></td></tr></table>	10b			
10b					
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>11a</td><td></td></tr></table>	11a			
11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>11b</td><td></td></tr></table>	11b			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>12b</td><td></td></tr></table>	12b			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>13b</td><td></td></tr></table>	13b			
13b					
c	Enter the amount of reserves on hand <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>13c</td><td></td></tr></table>	13c			
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				

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, AK, AR, CA, (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, 203 N LASALLE STREET, SUITE 1900, 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) TRACY, PAT CHAIRMAN	10	✓		✓			0	0	0	
(2) HELLQUIST, WAYNE VICE CHAIRMAN	2	✓		✓			0	0	0	
(3) ALIX, PATRICK DIRECTOR	0.5	✓					0	0	0	
(4) BA-N'DAW, SAFIATOU FRANCOISE DIRECTOR	0.5	✓					0	0	0	
(5) CARDONNER, CRISTIAN DIRECTOR	0.5	✓					0	0	0	
(6) CELAYA, FEDERICO GONZÁLEZ DIRECTOR (PARTIAL YEAR)	0.5	✓					0	0	0	
(7) CRINER, CAROL DIRECTOR	0.5	✓					0	0	0	
(8) DAY, JAYNEE DIRECTOR	0.5	✓					0	0	0	
(9) DELMELLE, JEAN DIRECTOR (PARTIAL YEAR)	0.5	✓					0	0	0	
(10) FOX, CHERI DIRECTOR	0.5	✓					0	0	0	
(11) GILBERTSON, ALAN DIRECTOR	1	✓					0	0	0	
(12) GREENE, BRIAN DIRECTOR	0.5	✓					0	0	0	
(13) KASDORF, ALFREDO DIRECTOR (PARTIAL YEAR)	0.5	✓					0	0	0	
(14) LUGER, ELLEN GOLDBERG DIRECTOR	0.5	✓					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) RAMEY, JASON D. DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(16) RUDNICK, WILLIAM A. DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(17) SCHMIDT, KATHARINE DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(18) THOMAS, WILLIAM B. DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(19) KLEIN, JEFFREY D. PRESIDENT AND CEO	40			<input checked="" type="checkbox"/>				198,678	0	23,904
(20) REBSTOCK, CHRISTOPHER SR. VP NETWORK DEVELOPMENT AND SECRETARY	40			<input checked="" type="checkbox"/>				135,218	0	17,166
(21) SAKS, BETH E. CFO, TREASURER, ASSISTANT SECRETARY	32			<input checked="" type="checkbox"/>				97,188	0	19,000
(22) CANEPA, SUE DIRECTOR OF COMMUNICATIONS	40					<input checked="" type="checkbox"/>		107,403	0	27,254
(23)										
(24)										
(25)										
1b Sub-total								538,487	0	87,324
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								538,487	0	87,324

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 **▶ 3**

	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						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,680,745					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			2,680,745				
Program Service Revenue			Business Code					
	2a CONFERENCE REGISTRATION FEES		611430	25,430	25,430			
	b -----							
	c -----							
	d -----							
	e -----							
	f All other program service revenue .			0	0	0	0	
g Total. Add lines 2a-2f			25,430					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,395			4,395	
	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					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)		0	0			
		d Net gain or (loss)						
	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 -----								
b -----								
c -----								
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			0					
12 Total revenue. See instructions.			2,710,570	25,430	0	4,395		

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	702,021	702,021		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	507,205	325,168	167,141	14,896
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	755,354	469,688	80,671	204,995
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,284	8,920	314	7,050
9 Other employee benefits	70,546	49,276	5,156	16,114
10 Payroll taxes	92,626	55,958	17,752	18,916
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,050		21,050	
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.)	158,080	76,075	30,481	51,524
12 Advertising and promotion				
13 Office expenses	29,787	14,120	5,205	10,462
14 Information technology	20,728	9,843	3,281	7,604
15 Royalties				
16 Occupancy				
17 Travel	194,889	153,036	41,301	552
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,539	2,539		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,874	1,652	324	898
23 Insurance	11,092	6,353	3,523	1,216
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 PRINTING & MARKETING	8,444	5,080		3,364
b				
c				
d				
e All other expenses	9,198	1,699	3,268	4,231
25 Total functional expenses. Add lines 1 through 24e	2,602,717	1,881,428	379,467	341,822
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	1,067	1	506
	2 Savings and temporary cash investments	1,209,197	2	1,362,502
	3 Pledges and grants receivable, net	650	3	54,930
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,124	9	20,538
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,588		
	b Less: accumulated depreciation	10b 22,962	3,479	10c 6,626
	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	475	15	10,616
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,225,992	16	1,455,718	
Liabilities	17 Accounts payable and accrued expenses	46,880	17	165,877
	18 Grants payable	45,266	18	38,000
	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	92,146	26	203,877
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	1,008,800	27	1,089,062
	28 Temporarily restricted net assets	125,046	28	162,779
	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	1,133,846	33	1,251,841
34 Total liabilities and net assets/fund balances	1,225,992	34	1,455,718	

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	2,710,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,602,717
3	Revenue less expenses. Subtract line 2 from line 1	3	107,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,133,846
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	10,142
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,251,841

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)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,550,229	2,272,456	2,058,590	2,215,332	2,680,745	10,777,352
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,550,229	2,272,456	2,058,590	2,215,332	2,680,745	10,777,352
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)						5,163,072
6 Public support. Subtract line 5 from line 4.						5,614,280

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,550,229	2,272,456	2,058,590	2,215,332	2,680,745	10,777,352
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,216	798	2,054	2,324	4,395	11,787
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	976	0	0	0	0	976
11 Total support. Add lines 7 through 10						10,790,115
12 Gross receipts from related activities, etc. (see instructions)					12	77,866
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 2014 (line 6, column (f) divided by line 11, column (f))	14	52.03 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	54.22 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2014.** 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
- b 33 1/3% support tests—2013.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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 11a or 11b in Part I, answer (b) and (c) below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b 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?	11a	
b	A family member of a person described in (a) above?	11b	
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 .	11c	

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.	1	
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.	2	

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).	1	

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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).	2	
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.	3	

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.	2a	
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.	2b	
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 .	3a	
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.	3b	

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. **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).			

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Return Reference	Identifier	Explanation						
		Description	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Schedule A, Part II, Line 10	OTHER INCOME	Other income	976					976

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization 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	----- ----- -----	\$ ----- 700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 466,999	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 425,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 95,112	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 75,000	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	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 50,000	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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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

2014

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting requirements.

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" to 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 in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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 in 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" to 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" to 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				
d Equipment		29,588	22,962	6,626
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 6,626

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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.

Schedule D, Part XI, Line 2(d)	
(a) Description	(b) Amount
Refunds from Prior Years	266
Expense Reimbursements	1,734

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.

Schedule D, Part XII, Line 2(d)	
(a) Description	(b) Amount
Refunds from Prior Years	266
Expense Reimbursements	1,734

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
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<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, 2015 AND 2014. 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, 2015 AND 2014. 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

2014

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		192,455
(2) SOUTH AMERICA	0	0	GRANTMAKING		8,000
(3) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		69,270
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		428,796
(5) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,500
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			702,021
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			702,021

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA (CANADA & MEXICO ONLY)	EQUIPMENT FOR FRESH PRODUCE PROGRAM AND SORTING PROCESS	154,455	WIRE TRANSFER			
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	CHILD FOCUSED PROGRAM	38,000	WIRE TRANSFER			
(3)			SOUTH AMERICA	PURCHASE OF REFRIGERATED TRUCK	8,000	WIRE TRANSFER			
(4)			EAST ASIA AND THE PACIFIC	PURCHASE OF REFRIGERATION EQUIPMENT AND SUPPROT FOR AN EMPLOYEE ENGAGEMENT EVENT	14,000	WIRE TRANSFER			
(5)			EAST ASIA AND THE PACIFIC	SUPPORT OF FOOD RECOVERY PROGRAM	55,270	WIRE TRANSFER			
(6)			EUROPE (INCLUDING ICELAND AND GREENLAND)	STAFF TO INCREASE FOOD ACQUISITION AND SUPPORT OF REGIONAL EXPANSION	250,000	WIRE TRANSFER			
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FOR KEY STAFF POSITIONS AND PURCHASE OF REFRIGERATED VEHICLE AND EQUIPMENT	178,796	WIRE TRANSFER			
(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 ▶ 5

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 non-cash assistance	(g) Description of non-cash 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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<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.</p>
SCHEDULE F, PART I, LINE 3	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<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 F, PART II, LINE 1	METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: 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

2014

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 in 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 (e.g., 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 in 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 in 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 in 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" to line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed in 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" to line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported in 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" to 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 in 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 are not 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KLEIN, JEFFREY D. PRESIDENT AND CEO	(i) 174,678	(ii) 24,000	(iii) 0	6,125	17,779	222,582	0
		(ii) 0	0	0	0	0	0	0
2	REBSTOCK, CHRISTOPHER SR. VP NETWORK DEVELOPMENT AND SECRETARY	(i) 135,218	(ii) 0	(iii) 0	6,988	10,178	152,384	0
		(ii) 0	0	0	0	0	0	0
3		(i)		(iii)				
		(ii)						
4		(i)		(iii)				
		(ii)						
5		(i)		(iii)				
		(ii)						
6		(i)		(iii)				
		(ii)						
7		(i)		(iii)				
		(ii)						
8		(i)		(iii)				
		(ii)						
9		(i)		(iii)				
		(ii)						
10		(i)		(iii)				
		(ii)						
11		(i)		(iii)				
		(ii)						
12		(i)		(iii)				
		(ii)						
13		(i)		(iii)				
		(ii)						
14		(i)		(iii)				
		(ii)						
15		(i)		(iii)				
		(ii)						
16		(i)		(iii)				
		(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.

2014

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	STRENGTHENING FOOD BANKS AROUND THE WORLD, IN COUNTRIES OUTSIDE THE US. WE CURRENTLY WORK IN MORE THAN 30 COUNTRIES, HOME TO MORE THAN ONE-FOURTH OF THE WORLD'S NEARLY 800 MILLION UNDERNOURISHED PEOPLE.
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENT	<p>BUILDING SIGNIFICANT CAPACITY AND REACH (CONTINUED)</p> <ul style="list-style-type: none"> •BULGARIA –GFN ORGANIZED A SERVICE TRIP FOR NINE STUDENTS WITH RICE UNIVERSITY’S CENTER FOR CIVIC LEADERSHIP, WHOSE MISSION IS TO FOSTER ENGAGED CITIZENSHIP THROUGH INTEGRATED LEARNING OPPORTUNITIES. THE STUDENTS HELPED THE FOOD BANK ORGANIZE AND EXECUTE A COMMUNITY-WIDE FOOD COLLECTION, WORKED WITH FEEDING PROGRAMS TO LEARN ABOUT THEIR NEEDS, AND EXCHANGED CULTURAL LEARNING WITH BULGARIAN STUDENTS AT THE AMERICAN COLLEGE OF SOFIA. •CHILE –GFN SECURED FUNDING FROM BLACK & VEATCH BUILDING A WORLD OF DIFFERENCE FOUNDATION THAT MADE POSSIBLE A GRANT OF \$8,000 FOR A REFRIGERATED TRUCK THAT HAS ENABLED THE FOOD BANK TO FURTHER EXPAND THE VOLUME OF FRESH AND REFRIGERATED FOODS IT IS ABLE TO HANDLE. •COLOMBIA –WITH SUPPORT FROM GFN, THE NATIONAL NETWORK IN COLOMBIA (ABACO) HAS IMPLEMENTED A NEW NETWORK STRUCTURE, WITH EFFECTIVE APPLICATION OF TRAINING AND EDUCATION RESOURCES AND PROMULGATION OF OPERATING AND ADMINISTRATIVE STANDARDS FOR THE FOOD BANKS. THROUGH INTRODUCTIONS MADE BY GFN, IBM’S CORPORATE SERVICE CORPS CHOSE THE FOOD BANK IN BARRANQUILLA AS THE SUBJECT OF A CONSULTING PROJECT, WHICH RESULTED IN THE FOOD BANK BEING ABLE TO MAKE SEVERAL SIGNIFICANT ENHANCEMENTS TO ITS OPERATIONS AND SYSTEMS. •DOMINICAN REPUBLIC – WITH ASSISTANCE AND GUIDANCE FROM GFN, THIS YOUNG FOOD BANK HAS BEEN ABLE TO REDEFINE ITS OPERATING PROCEDURES IN SEVERAL KEY AREAS, PRODUCING CHANGES THAT WILL BOTH INCREASE ITS EFFECTIVENESS AND EFFICIENCY. GFN COUNSEL TO THE PRIMARY SPONSORS OF THE FOOD BANK (THE ARCHDIOCESE OF SANTO DOMINGO AND THE OFFICE OF THE VICE PRESIDENT OF THE DOMINICAN REPUBLIC) HAS BEEN HELPFUL IN CHARTING IMPORTANT CHANGES IN DIRECTION FOR THE ADMINISTRATION OF THE FOOD BANK. •ECUADOR – THROUGH INTRODUCTIONS MADE BY GFN, IBM’S CORPORATE SERVICE CORPS CHOSE THE FOOD BANK IN GUAYAQUIL AS THE SUBJECT OF A CONSULTING PROJECT, WHICH RESULTED IN SIGNIFICANT ENHANCEMENTS TO THE FOOD BANK’S INVENTORY AND WAREHOUSE MANAGEMENT SYSTEMS, AS WELL AS PROVIDING THE FRAMEWORK FOR AN EFFECTIVE MARKETING PLAN TO BUILD THE FOOD BANK’S STANDING IN THE COMMUNITY. •HONG KONG - GFN SECURED FUNDING FROM BLACK & VEATCH BUILDING A WORLD OF DIFFERENCE FOUNDATION AND BANK OF AMERICA CHARITABLE FOUNDATION THAT MADE POSSIBLE GFN GRANTS TO FEEDING HONG KONG OF \$14,000 TO FUND VARIOUS VEHICLE AND TRANSPORTATION COSTS, A KEY COMPONENT OF THE FOOD BANK OPERATIONS, AS WELL AS VOLUNTEER ENGAGEMENT EFFORTS. •MEXICO – GFN SECURED FUNDING FROM THE CATERPILLAR FOUNDATION AND BANK OF AMERICA CHARITABLE FOUNDATION THAT MADE POSSIBLE GFN GRANTS TO THE NETWORK OF \$192,455 TO FURTHER EXPAND SERVICES AND ESTABLISH SPECIAL PROGRAMS AIMED AT IMPROVING THE NUTRITIONAL IMPACT OF MANY FOOD BANKS ON THEIR BENEFICIARIES. THESE GRANTS PROVIDED FUNDS TO PURCHASE EQUIPMENT TO MORE EFFICIENTLY SORT FOOD, A REFRIGERATED TRUCK AND WAREHOUSE COOLER TO EXPAND A FRESH PRODUCE PROGRAM, TO SUPPORT THE OPERATION OF BACKPACK PROGRAMS, AND TO DEVELOP VOLUNTEER PROGRAMS AND BUILD CORPORATE RELATIONSHIPS. GFN ALSO ASSISTED IBM CORPORATE SERVICE CORPS IN CONDUCTING CONSULTING PROJECTS IN THREE CITIES IN MEXICO, WHICH RESULTED IN IMPROVED OPERATIONS FOR THE FOOD BANKS IN EACH OF THOSE CITIES. •RUSSIA – GFN ORGANIZED A 3-DAY INTENSIVE CUSTOMIZED TRAINING SESSION FOR FOODBANK RUS. FOODBANK RUS LEARNED ABOUT A VALUABLE PROGRAM CONCEPT FOR THE ENGAGEMENT OF VOLUNTEERS AND FINANCIAL SUPPORTERS TO CREATE PACKAGED DRY MEALS FOR MASS DISTRIBUTION TO LARGE FEEDING OPERATIONS. THE FOOD BANK HAS SUCCESSFULLY ADAPTED, INITIATED AND SIGNIFICANTLY EXPANDED THAT PROGRAM AND IS USING IT TO BOTH FEED TENS OF THOUSANDS OF PEOPLE EVERY WEEK AND TO DEEPEN ITS ENGAGEMENT OF CORPORATE AND OTHER GROUP SUPPORTERS. •SINGAPORE – GRANTS TO GFN FROM THE CATERPILLAR FOUNDATION AND BANK OF AMERICA CHARITABLE FOUNDATION MADE POSSIBLE GFN GRANTS OF \$55,270 TO THE FOOD BANK, WHICH UNDERTOOK THE DESIGN AND EXECUTION OF A SIGNIFICANT NEW PROGRAM – THE COLLECTION AND DISTRIBUTION OF PREPARED FOODS FROM HOTEL CATERING UNITS AND OTHER SIMILAR SOURCES – AND ENHANCED VOLUNTEER PROGRAMS WHILE BUILDING CORPORATE RELATIONSHIPS. THE ADDITION OF A PREPARED FOODS PROGRAM ADDS SIGNIFICANT VALUE TO THE PRODUCT OFFERINGS AVAILABLE AT THE FOOD BANK AND ALSO INCREASES AWARENESS OF THE FOOD BANK’S CAPABILITIES AND VALUE TO THE COMMUNITY. •SOUTH AFRICA - GFN SECURED FUNDING FROM BANK OF AMERICA CHARITABLE FOUNDATION THAT MADE POSSIBLE A GFN GRANT TO FOOD BANK SOUTH AFRICA OF \$3,500 TO FUND VOLUNTEER ENGAGEMENT EFFORTS.

Return Reference	Identifier	Explanation
		<p>•UNITED KINGDOM – GFN SECURED A GRANT FROM THE GENERAL MILLS FOUNDATION THAT MADE POSSIBLE A \$250,000 GRANT FROM GFN TO FARESHARE UK. THIS GRANT ALLOWED FARESHARE TO ASSIST ITS REGIONAL CENTRES TO EXPAND THEIR CAPACITY AND REACH THROUGH EQUIPMENT AND VEHICLE ACQUISITIONS, IMPROVEMENTS TO WAREHOUSE SPACE, ACCESS TO MORE FOOD INCLUDING FRESH PRODUCE, ENHANCED MARKETING EFFORTS, AND MORE. ADDITIONAL GRANTS FROM THE CATERPILLAR FOUNDATION AND BANK OF AMERICA CHARITABLE FOUNDATION MADE POSSIBLE GFN GRANTS TO FARESHARE OF \$174,432 THAT ENABLED FARESHARE TO ASSIST TWO REGIONAL CENTRES IN THE NORTH OF ENGLAND WITH THE FURTHER EXPANSION OF FACILITIES AND THE ACQUISITION OF RELEVANT EQUIPMENT AND VEHICLES, ACCESS TO MORE FOOD INCLUDING FRESH PRODUCE, AND ENHANCED MARKETING EFFORTS, AS WELL AS ADDITIONAL VOLUNTEER ENGAGEMENT EFFORTS AND BUILDING OF CORPORATE RELATIONSHIPS.</p>
FORM 990, PART III, LINE 4B	PROGRAM SERVICE ACCOMPLISHMENT	<p>TRAINING AND TECHNICAL ASSISTANCE RESOURCES (CONTINUED)</p> <p>•ONLINE LEARNING CENTER: GFN OBTAINED A GRANT OF \$100,000 OVER A TWO-YEAR PERIOD FROM MACQUARIE GROUP, TO DEVELOP AND IMPLEMENT AN ONLINE LEARNING CENTER. THE LEARNING CENTER WILL PROVIDE AN EXTENSIVE LIBRARY OF TRAINING MATERIALS TO FOOD BANKERS AND WILL BE ACCESSIBLE 24/7/365. GFN WILL LAUNCH THE LEARNING CENTER IN FY2016.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$247,708.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>PUBLIC EDUCATION</p> <p>THE WEBSITE WAS RECONFIGURED TO OPTIMIZE FOR MOBILE USE, INCREASE SEO AND TO ENHANCE USER EXPERIENCE. GOALS FOR CONTENT MARKETING AND DIGITAL OUTREACH FOCUSED ON AUDIENCE GROWTH AND ENGAGEMENT. AT THE END OF THE YEAR, SOCIAL MEDIA REACH HAD INCREASED (FOR EXAMPLE: FACEBOOK REACH WAS UP 139% VS 2014) AND DROVE MORE VISITS TO THE GFN WEBSITE (UP 38% FROM 2014). IN ADDITION, VISITOR TIME SPENT ON THE WEBSITE INCREASED BY NEARLY ONE MINUTE, DEMONSTRATING EFFECTIVENESS OF BOTH OUTREACH OUR EFFORTS AND CONTENT.</p> <p>RAISING PUBLIC AWARENESS OF GLOBAL HUNGER AND FOOD WASTE AND HOW FOOD BANKING HELPS ALLEVIATE THESE INTERRELATED PROBLEMS HELPS GFN ADVANCE THE CAUSE OF GLOBAL FOOD BANKING. GFN'S EDUCATIONAL OUTREACH INCLUDES A MONTHLY ENEWSLETTER, REGULAR COMMUNICATION VIA SOCIAL MEDIA, AND DISSEMINATION OF CONTENT IN PRINT, IMAGES AND VIDEO FORMS VIA GFN'S OWNED COMMUNICATIONS PLATFORMS. GFN LEADERSHIP AND FOOD BANK LEADERS FROM AROUND THE GLOBE SERVE AS SPOKESPEOPLE, EDUCATING VARIOUS STAKEHOLDERS ABOUT FOOD BANKING THROUGH MEDIA INTERVIEWS AND AT SELECT INTERNATIONAL MEETINGS.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$97,012.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>CREATING NEW FOOD BANKS</p> <p>GFN IS INVOLVED IN A NUMBER OF PROJECTS AIMED AT CREATING FOOD BANKS WHERE THEY DO NOT EXIST. DURING FY 2015, GFN WORKED WITH SEVERAL COUNTRIES INCLUDING BUT NOT LIMITED TO: BOTSWANA, CHINA, THAILAND, TURKEY, AND VIETNAM.</p> <p>•CHINA – GFN TRAINING AND EDUCATION EFFORTS, BOTH REMOTELY AND VIA FB LI PARTICIPATION, HELPED ADVANCE THE LAUNCH OF THE FIRST FOOD BANK IN MAINLAND CHINA – IN SHANGHAI. ONGOING ENGAGEMENT WITH THIS YOUNG FOOD BANK WILL AID IN ITS FURTHER DEVELOPMENT AND EVENTUAL EXPANSION OF THE CONCEPT TO OTHER CITIES IN THE COUNTRY.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$71,501.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>DEVELOPING FOOD SOURCING CAPABILITIES</p> <p>GFN DEVELOPED STRONGER RELATIONSHIPS WITH MAJOR MULTINATIONAL FOOD AND GROCERY COMPANIES AND ESTABLISHED RELATIONSHIPS WITH SOME INGREDIENTS COMPANIES. GFN CONTINUES TO PROVIDE TECHNICAL ASSISTANCE TO MEMBER FOOD BANKS TO FACILITATE INCREASED FOOD DONATIONS AND MAKE INTRODUCTIONS BETWEEN FOOD BANKS AND CORPORATE CONTACTS AT A LOCAL LEVEL.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$58,034.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>ALLIANCE BUILDING</p> <p>GFN NURTURED ITS RELATIONSHIPS WITH A VARIETY OF PRIVATE SECTOR AND MULTI-LATERAL PARTNERS WITH THE AIM OF DRIVING RESOURCES TO FOOD BANKS IN COUNTRIES WHERE THOSE PARTNERS SHARE A PRESENCE. EXAMPLES INCLUDE GLOBAL FINANCIAL CORPORATIONS, TECHNOLOGY COMPANIES, FOOD COMPANIES, SERVICE ORGANIZATIONS (ROTARY INTERNATIONAL AND LIONS CLUBS INTERNATIONAL), AND UN AGENCIES SUCH AS WORLD FOOD PROGRAMME, FAO, AND UNEP.</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$22,378.00 INCLUDING GRANTS OF \$0.00)(REVENUE \$0.00)</p> <p>OTHER PROGRAM SERVICES</p>

Return Reference	Identifier	Explanation
		<p>VOLUNTEERISM:</p> <p>GFN CONTINUES TO ESTABLISH RELATIONSHIPS WITH MAJOR MULTINATIONAL CORPORATIONS (FOOD AND NON-FOOD COMPANIES) TO DESIGN AND CONDUCT CORPORATE EMPLOYEE ENGAGEMENT PROGRAMS IN MULTIPLE COUNTRIES. IN ADDITION TO TRADITIONAL, GENERAL VOLUNTEER ACTIVITIES, GFN HAS HELPED TAILOR STRUCTURED EMPLOYEE ENGAGEMENT PROJECTS THAT UTILIZE THE SPECIALIST SKILLS OF CORPORATE EMPLOYEES. THIS GIVES FOOD BANKS ACCESS TO EXPERTISE THEY MIGHT NOT OTHERWISE BE ABLE TO OBTAIN.</p> <p>GFN DIRECTLY FACILITATED PRO-BONO IBM CONSULTING PROJECTS TO FOOD BANKS IN ARGENTINA, COLOMBIA, ECUADOR AND MEXICO THROUGH THE IBM CORPORATE SERVICE CORPS.</p> <p>EMPLOYEES FROM MACQUARIE GROUP HAVE HELPED GFN WITH STRATEGY DEVELOPMENT FOR THE ONLINE LEARNING CENTER AND DELIVERED TRAINING AT FBI.</p> <p>GFN SECURED, PLANNED, AND MANAGED \$40,000 OF FUNDING FROM BANK OF AMERICA CHARITABLE FOUNDATION FOR A MULTI-COUNTRY EMPLOYEE ENGAGEMENT PROGRAM. BANK OF AMERICA MERRILL LYNCH EMPLOYEES IN NINE GLOBAL LOCATIONS CONDUCTED FOOD DRIVES AND VOLUNTEERED TO SUPPORT THEIR LOCAL FOOD BANK.</p> <p>GFN PLANNED AND MANAGED A MULTI-COUNTRY EMPLOYEE ENGAGEMENT PROGRAM FOR DEUTSCHE BANK THROUGH WHICH DEUTSCHE BANK EMPLOYEES IN NINE GLOBAL LOCATIONS CONDUCTED FOOD DRIVES TO SUPPORT THEIR LOCAL FOOD BANK. THESE FOOD DRIVES COLLECTED 800KGS OF FOOD.</p> <p>GFN COLLABORATED WITH RICE UNIVERSITY IN HOUSTON TO ESTABLISH A STUDENT INTERNATIONAL SERVICE PROJECT. NINE STUDENTS FROM RICE UNIVERSITY EMBARKED ON A TWO WEEK TRIP TO VOLUNTEER AT THE BULGARIAN FOOD BANK.</p>
FORM 990, PART VI, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE CORPORATION'S BYLAWS AUTHORIZE ITS BOARD OF DIRECTORS ("BOD"), WHICH IS ITS GOVERNING BODY, TO CREATE BY RESOLUTION A SEVEN-DIRECTOR EXECUTIVE COMMITTEE CONSISTING OF THOSE DIRECTORS WHO ARE FROM TIME TO TIME THE CHAIRPERSON OF THE BOD, THE VICE CHAIRPERSON OF THE BOD, THE CHAIRPERSONS OF THE FOUR STANDING COMMITTEES CREATED BY THE BYLAWS (THE AUDIT COMMITTEE, THE FINANCE COMMITTEE, THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE, AND THE STRATEGIC PLANNING COMMITTEE) PLUS ONE ADDITIONAL "AT-LARGE" DIRECTOR APPOINTED BY THE BOD. THE BOD HAS ADOPTED A RESOLUTION CREATING SUCH EXECUTIVE COMMITTEE.</p> <p>UNDER THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOD IN THE MANAGEMENT OF THE CORPORATION (INCLUDING MATTERS INVOLVING CONFLICTS OF INTEREST UNDER THE BYLAWS, WHICH INCORPORATE THE CORPORATION'S CONFLICT OF INTEREST POLICY) 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 CORPORATIONS ACT OR THE PROVISION OF THE BYLAWS THAT LIMIT THE AUTHORITY OF ANY COMMITTEE AND EXCEPT FOR ANY FUNCTIONS OR AUTHORITY OF THE BOD SPECIFICALLY DELEGATED TO ANOTHER COMMITTEE BY RESOLUTION OF THE BOD ADOPTED BY A MAJORITY OF DIRECTORS IN OFFICE.</p>
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	BY-LAWS WERE CHANGED TO INCREASE THE BOARD SIZE.
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	<p>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 OCTOBER 9, 2015, 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 OCTOBER 14, 2015.</p>
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 EXECUTIVE COMMITTEE HAS THE POWER TO CONSIDER POTENTIAL CONFLICT SITUATIONS AS THEY BECOME AWARE OF THEM AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.</p>

Return Reference	Identifier	Explanation				
		<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 FINANCE 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 SUCH OF ITS OTHER CORPORATE OFFICERS AND/OR KEY EMPLOYEES AS THE COMMITTEE DETERMINES, REPORTS AT LEAST ANNUALLY TO THE BOARD REGARDING THE COMMITTEE'S CONCLUSIONS AND RECOMMENDATIONS CONCERNING THE CURRENT AND PROPOSED COMPENSATION OF THE CEO AND MAKES SUCH REPORTS AND/OR RECOMMENDATIONS 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. AFTER THIS REVIEW, THE COMMITTEE PRESENTS ITS FINDINGS AND RECOMMENDATIONS TO THE BOD FOR FINAL DISCUSSION AND APPROVAL.</p> <p>THE MOST RECENT REVIEW OCCURRED DURING FISCAL YEAR 2015. THE DELIBERATIONS OF BOTH THE FINANCE COMMITTEE AND BOD ARE CONTEMPORANEOUSLY MINUTED.</p>				
FORM 990, PART VI, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>SEE NARRATIVE FOR PART VI, LINE 15A.</p> <p>THE POSITIONS COVERED UNDER THE PROCESS DESCRIBED IN PART VI, LINE 15A INCLUDE:</p> <ul style="list-style-type: none"> - PRESIDENT AND CEO - CHIEF FINANCIAL OFFICER AND TREASURER - SR. VP NETWORK DEVELOPMENT AND SECRETARY - ASSISTANT SECRETARY - OTHER KEY EMPLOYEES 				
FORM 990, PART VI, LINE 17	STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, FL, GA, HI, IL, KS, KY, MD, MA, MS, MI, MN, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WV, WI				
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'S ANNUAL REPORTS (WHICH INCLUDE THE MOST RECENT AUDITED STATEMENTS OF FINANCIAL POSITION AND ACTIVITIES) ARE ALSO POSTED TO ITS WEBSITE ANNUALLY. THESE DOCUMENTS APPEAR UNDER THE "ABOUT GFN" SECTION OF THE WEBSITE. 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).				
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>INCREASE IN NET ASSETS, IN-KIND</td> <td style="text-align: right;">10,142</td> </tr> </tbody> </table>	(a) Description	(b) Amount	INCREASE IN NET ASSETS, IN-KIND	10,142
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