

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)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

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

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

D Employer identification number 20-4268851

E Telephone number (312) 782-4560

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

G Gross receipts \$ 23,209,499

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: IN FY 2021, FOOD BANKS SUPPORTED BY GFN RECOVERED OVER 882M KILOS OF FOOD AND GROCERY PRODUCTS AND RE-DIRECTED THIS SURPLUS TO (CONTINUED ON SCHEDULE O)		
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	21,984,745	23,174,389
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,416	23,438
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,380	1,637
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,010,541	23,199,464
	14	Benefits paid to or for members (Part IX, column (A), line 4)	12,753,092	9,543,652
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,725,766	3,640,552
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,168,032	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,502,718	1,574,177
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,981,576	14,758,381
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	5,028,965	8,441,083
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	11,234,477	20,071,984
	22	Net assets or fund balances. Subtract line 21 from line 20	997,497	1,065,988
		10,236,980	19,005,996	

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: *Lisa Moon* Date: Oct 25, 2021

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

Paid Preparer Use Only

Print/Type preparer's name: GINA ARDILLO
 Preparer's signature: *Gina Ardillo*
 Date: 10/25/2021
 Check if self-employed
 PTIN: P01395893
 Firm's name: CROWE LLP
 Firm's EIN: 35-0921680
 Firm's address: 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230
 Phone no.: (954) 202-8600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO NOURISH THE WORLD'S HUNGRY THROUGH UNITING AND ADVANCING FOOD BANKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 11,882,099 including grants of \$ 9,543,652) (Revenue \$ 0) CAPACITY BUILDING: GFN PROVIDES ONGOING TECHNICAL ASSISTANCE AND STRATEGIC INVESTMENTS IN MEMBER FOOD BANKS THROUGH THE "POWERING FOOD BANKS FOR GROWTH" PROGRAM MODEL. THE MODEL TAILORS TO THE SPECIFIC SOCIOECONOMIC, CULTURAL, AND FOOD SECURITY NEEDS OF COMMUNITIES SERVED BY ESTABLISHED FOOD BANK SYSTEMS WITH THREE PRIMARY OBJECTIVES: EXPANDING FOOD ACCESS FOR IMPROVED FOOD SECURITY, STRENGTHENING THE CAPABILITIES AND EXPANDING SCALE OF MEMBER FOOD BANKING ORGANIZATIONS, AND INCREASING MEMBERS' RESOURCES FOR HUNGER RELIEF. IN FY 2021, GFN MEMBER PRIORITIES ALIGNED TO THE URGENT, ONGOING HUNGER RELIEF NEEDS OF THEIR COMMUNITIES ARISING FROM THE COVID-19 PANDEMIC. IN CALENDAR YEAR 2020 (FIRST HALF OF FY 2021), THE NUMBER OF PEOPLE SERVED BY GFN MEMBERS ROSE 132 PERCENT OVER THE PREVIOUS YEAR, TO MORE THAN 40 MILLION PEOPLE. WITH SUPPLY CHAINS DISRUPTED, FOOD BANKS RELIED ON INFRASTRUCTURE AND CAPACITY GAINS (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 359,147 including grants of \$ 0) (Revenue \$ 0) THOUGHT LEADERSHIP: IN FY 2021, GFN ISSUED THE THIRD IN A SERIES OF RESEARCH STUDIES THAT DOCUMENTS THE FOOD BANK MOVEMENT ACROSS THE WORLD, THE STATE OF GLOBAL FOOD BANKING 2020, WITH THE COLLABORATION FROM THE EUROPEAN FEDERATION OF FOOD BANKS AND FEEDING AMERICA (USA). ADDITIONAL NEW, ORIGINAL RESEARCH INCLUDED: THE GLOBAL FOOD DONATION POLICY ATLAS YEAR 2 WITH THE HARVARD LAW SCHOOL FOOD LAW AND POLICY CLINIC, WITH ASSESSMENTS OF THE FOOD DONATION POLICY FRAMEWORKS OF 14 COUNTRIES; STRENGTHENING FOOD DONATION OPERATIONS DURING COVID-19, A JOINT REPORT FROM HARVARD FLPC AND GFN ON HOW GOVERNMENTS CAN BETTER SUPPORT FOOD BANKS IN COVID RESPONSE; COVID-19 PULSE SURVEYS MONITORING THE IMPACT OF THE PANDEMIC ON FOOD BANK OPERATIONS IN 44 COUNTRIES; HEALTHY NATIONS START WITH HEALTHY CHILDREN, A REPORT ON THE WORK OF GFN FOOD BANKS TO ADDRESS CHILD HUNGER AND FOOD BANKS' SCHOOL FEEDING PROGRAMS DURING COVID AND NORMATIVE YEARS; AND ADVANCING THE SUSTAINABLE DEVELOPMENT GOALS: ROADMAP TO 2030 - AN UPDATE TO WASTE NOT WANT NOT AND SDGS, PROVIDING GLOBAL ASSESSMENTS ON (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 312,335 including grants of \$ 0) (Revenue \$ 0) EMERGING AND NEW FOOD BANK DEVELOPMENT PROGRAMS: IN FY 21, GFN'S FOOD BANK INCUBATOR ENTERED ITS SECOND OF THREE YEARS HELPING TO ACCELERATE FOOD BANKING IN NATIONS OF HIGHER RATES OF FOOD INSECURITY AND UNDERSERVED COMMUNITIES, WITH LIMITED OR NO FOOD BANK PRESENCE. THE INCUBATOR PROVIDES FOCUSED, ACCELERATED PROGRAMMING FOR RAPID ORGANIZATIONAL ADVANCEMENT. THE INCUBATOR HAS THREE REGIONAL COHORTS - SOUTH ASIA/INDIA (THREE ORGANIZATIONS), SOUTHEAST ASIA (SIX COUNTRIES AND SEVEN ORGANIZATIONS), AND SUB-SAHARAN AFRICA (SIX COUNTRIES). GFN'S FOOD BANK INCUBATOR PROGRAM IS MODELED FROM LESSONS LEARNED FROM OTHER INCUBATORS THAT HAVE SOUGHT TO SUPPORT NEW ORGANIZATIONS ON A GLOBAL SCALE. IN FY 2021, INCUBATOR MEMBERS SAW A HIGH GROWTH RATE: THE AFRICA INCUBATOR COHORT SAW A 1221 PERCENT INCREASE IN FOOD DISTRIBUTION AND 285 PERCENT INCREASE IN PEOPLE SERVED; THE SOUTHEAST ASIA COHORT INCREASED 513 PERCENT IN FOOD DISTRIBUTION AND 937 PERCENT IN SERVICE DELIVERY; AND THE INDIA COHORT INCREASED SERVICE DELIVERY FROM 3.7 MILLION PERSONS IN 2019 TO MORE (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 262,625 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 12,816,206

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 donor-restricted endowments or in 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 type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25		
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)	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

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 on 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 on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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 on Schedule O		✓

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?		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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?		
a	The organization's CEO, Executive Director, or top management official	✓	
b	Other officers or key employees of the organization 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?		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
BETH E. SAKS, 70 E. LAKE STREET, SUITE 1200, CHICAGO, IL 60601, (312) 782-4560

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.

See instructions for the order in which to list the persons above.

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) LISA J. MOON PRESIDENT AND CEO	40.0			✓			330,965	0	15,958	
(2) VICKI CLARKE VICE PRESIDENT, DEVELOPMENT, SECRETARY	40.0			✓			183,479	0	25,479	
(3) DOUGLAS L. O'BRIEN VICE PRESIDENT, NETWORK PROGRAMS, ASST. SECRETARY	40.0			✓			181,585	0	24,913	
(4) BETH E. SAKS CFO, TREASURER	40.0			✓			169,041	0	34,043	
(5) KAREN HANNER DIRECTOR, PRODUCT SOURCING AND STRATEGIC PARTNERSHIPS	40.0					✓	144,053	0	16,557	
(6) MATTHEW ECKFORD DIRECTOR, CORPORATE AND FOUNDATION PARTNERSHIPS	40.0					✓	127,386	0	27,296	
(7) CHRISTOPHER REBSTOCK DIRECTOR OF FIELD SERVICES	40.0					✓	133,154	0	17,289	
(8) CRAIG NEMITZ DIRECTOR OF FIELD SERVICES	40.0					✓	112,680	0	19,891	
(9) CATHERINE WOOD DIRECTOR, CORPORATE AND FOUNDATION PARTNERSHIPS	40.0					✓	116,424	0	6,418	
(10) JASON RAMEY CHAIRMAN	1.5	✓		✓			0	0	0	
(11) CAROL CRINER DIRECTOR, VICE CHAIRMAN	1.0	✓		✓			0	0	0	
(12) ALAN GILBERTSON DIRECTOR (PARTIAL YEAR)	1.0	✓					0	0	0	
(13) BRIAN GREENE DIRECTOR	1.0	✓					0	0	0	
(14) CATHERINE BERTINI DIRECTOR	1.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CRISTIAN CARDONER DIRECTOR	2.0	✓						0	0	0
(16) ELLEN GOLDBERG LUGER DIRECTOR	2.0	✓						0	0	0
(17) JACQUES VANDENSCHRIK DIRECTOR	2.0	✓						0	0	0
(18) JOSEPH GITLER DIRECTOR	1.5	✓						0	0	0
(19) KATHARINE BAMBRICK DIRECTOR (PARTIAL YEAR)	1.0	✓						0	0	0
(20) MARTIN BURT DIRECTOR	1.0	✓						0	0	0
(21) PAUL HENRYS DIRECTOR	1.0	✓						0	0	0
(22) SACHIN GUPTA DIRECTOR	1.0	✓						0	0	0
(23) SHENGGEN FAN DIRECTOR	4.0	✓						0	0	0
(24) WILLIAM RUDNICK DIRECTOR	5.0	✓						0	0	0
(25)										
1b Subtotal								1,498,767	0	187,844
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,498,767	0	187,844

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 **▶** 10

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

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
SOCIAL CAPITAL INC., 980 NORTH MICHIGAN AVENUE, SUITE 610, CHICAGO, IL 60611	CREATE A MASTER CAMPAIGN FOR SUPPORT	174,500

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 **▶** 1

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	955,540				
	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	22,218,849				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		23,174,389				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		23,600			23,600	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	2,803	7,070			
			7b	2,575	7,460			
	c	Gain or (loss)	7c	228	(390)			
	d	Net gain or (loss) ▶		(162)			(162)	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events . . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue	11a	CREDIT CARD REWARDS	Business Code	900099	1,637		1,637	
	b							
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d ▶		1,637				
12	Total revenue. See instructions ▶		23,199,464	0	0	25,075		

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	400,000	400,000		
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	9,143,652	9,143,652		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,077,172	475,695	277,350	324,127
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	2,030,656	1,453,346	165,169	412,141
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,069	49,199	4,848	18,022
9	Other employee benefits	264,178	194,010	16,810	53,358
10	Payroll taxes	196,477	120,557	27,930	47,990
11	Fees for services (nonemployees):				
a	Management				
b	Legal	11,361	11,361		
c	Accounting	41,093		41,093	
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.)	1,013,058	675,683	146,961	190,414
12	Advertising and promotion				
13	Office expenses	180,806	99,154	45,626	36,026
14	Information technology	100,257	67,962	12,582	19,713
15	Royalties				
16	Occupancy	143,686	76,154	25,863	41,669
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,648	4,612	548	2,488
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,838	34,469	3,912	5,457
23	Insurance	12,515	7,093	3,549	1,873
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	STATE SOLICITATION REGISTRATION FEES	5,515			5,515
b	MEMBERSHIP DUES	8,800	800		8,000
c	OTHER OPERATING EXPENSES	5,600	2,459	1,902	1,239
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	14,758,381	12,816,206	774,143	1,168,032
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	244,956	1	805,671
	2 Savings and temporary cash investments	7,100,513	2	9,548,961
	3 Pledges and grants receivable, net	3,608,483	3	9,376,849
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	183,425	9	223,628
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 254,291		
	b Less: accumulated depreciation	10b 160,101	89,100	10c 94,190
	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	8,000	15	22,685
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,234,477	16	20,071,984	
Liabilities	17 Accounts payable and accrued expenses	446,397	17	407,753
	18 Grants payable	551,100	18	658,235
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	997,497	26	1,065,988
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,029,594	27	6,627,393
	28 Net assets with donor restrictions	4,207,386	28	12,378,603
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	10,236,980	32	19,005,996	
33 Total liabilities and net assets/fund balances	11,234,477	33	20,071,984	

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	23,199,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,758,381
3	Revenue less expenses. Subtract line 2 from line 1	3	8,441,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,236,980
5	Net unrealized gains (losses) on investments	5	163
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 on Schedule O)	9	327,770
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,005,996

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 on 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 on 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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,844,300	4,323,967	4,838,237	21,984,745	23,174,389	63,165,638
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	8,844,300	4,323,967	4,838,237	21,984,745	23,174,389	63,165,638
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)						25,426,019
6 Public support. Subtract line 5 from line 4						37,739,619

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,844,300	4,323,967	4,838,237	21,984,745	23,174,389	63,165,638
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,207	5,550	16,788	24,121	23,600	72,266
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,039	1,893	4,440	3,380	1,637	12,389
11 Total support. Add lines 7 through 10						63,250,293
12 Gross receipts from related activities, etc. (see instructions)					12	131,646
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	59.67 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	57.22 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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.	Yes	No
2a		
b Did the activities described in line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	CREDIT CARD REWARDS	1,039	1,893	4,440	3,380	1,637	12,389
	Total	1,039	1,893	4,440	3,380	1,637	12,389

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 (entering “N/A” in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
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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	----- ----- -----	\$ ----- 1,680,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 955,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 2,510,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 8,549,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 1,770,000	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
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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	----- ----- -----	\$ 871,182	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 1,652,790	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.)
-----	----- ----- -----	\$ -----	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
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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
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization THE GLOBAL FOODBANKING NETWORK	Employer identification number 20-4268851
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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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Includes questions 1-9 regarding conservation easements and a table for held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Includes questions 1a-2 regarding art and historical treasures.

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 make 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 program
- e** Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		43,082	22,603	20,479
d Equipment		54,936	25,833	29,103
e Other		156,273	111,665	44,608
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				94,190

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CURRENCY TRANSLATION GAIN	327,770
	WRITE OFF OF PRIOR YEAR BALANCES	3,241
	LOSS ON DISPOSAL OF FIXED ASSET	390
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	WRITE OFF OF PRIOR YEAR BALANCES	3,241
	LOSS ON DISPOSAL OF FIXED ASSET	390

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>GFN HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THAT IT IS A NOT-FOR-PROFIT ENTITY AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME.</p> <p>GFN FOLLOWS GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS GFN HAS HAD NO UNRELATED BUSINESS INCOME. MANAGEMENT BELIEVES GFN HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL LOSS OF ITS TAX-EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. THERE WERE NO INCOME TAX RELATED INTEREST OR PENALTIES RECOGNIZED BY GFN FOR THE YEARS ENDED JUNE 30, 2021 AND 2020. 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, 2021 AND 2020. 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

2020

Open to Public Inspection

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		333,000
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		532,000
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		3,154,652
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		290,000
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		761,500
(6) SOUTH AMERICA	0	1	GRANTMAKING		1,761,600
(7) SOUTH ASIA	0	0	GRANTMAKING		1,120,900
(8) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,190,000
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	1			9,143,652
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			9,143,652

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 57

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

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part II

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	8,000	WIRE TRANSFER			ACCRUAL
(2)		SOUTH AMERICA	CAPACITY BUILDING: TRUCK PURCHASE	15,000	WIRE TRANSFER			ACCRUAL
(3)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	264,000	WIRE TRANSFER			ACCRUAL
(4)		SOUTH AMERICA	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	98,500	WIRE TRANSFER			ACCRUAL
(5)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	25,000	WIRE TRANSFER			ACCRUAL
(6)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER: EMERGENCY RESPONSE	5,000	WIRE TRANSFER			ACCRUAL
(7)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	20,000	WIRE TRANSFER			ACCRUAL
(8)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER: EMERGENCY RESPONSE	20,000	WIRE TRANSFER			ACCRUAL
(9)		CENTRAL AMERICA AND THE CARIBBEAN	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	55,000	WIRE TRANSFER			ACCRUAL
(10)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	40,000	WIRE TRANSFER			ACCRUAL
(11)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER: EMERGENCY RESPONSE	20,000	WIRE TRANSFER			ACCRUAL
(12)		CENTRAL AMERICA AND THE CARIBBEAN	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	30,000	WIRE TRANSFER			ACCRUAL
(13)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID: EMERGENCY RESPONSE	453,500	WIRE TRANSFER			ACCRUAL
(14)		NORTH AMERICA (CANADA & MEXICO ONLY)	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	153,000	WIRE TRANSFER			ACCRUAL
(15)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	15,000	WIRE TRANSFER			ACCRUAL
(16)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING: VEHICLE PURCHASE	20,000	WIRE TRANSFER			ACCRUAL
(17)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	25,000	WIRE TRANSFER			ACCRUAL
(18)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	114,540	WIRE TRANSFER			ACCRUAL
(19)		SOUTH AMERICA	COVID:	231,500	WIRE			ACCRUAL

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMERGENCY RESPONSE		TRANSFER			
(20)		SOUTH AMERICA	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	15,000	WIRE TRANSFER			ACCRUAL
(21)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	33,000	WIRE TRANSFER			ACCRUAL
(22)		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY BUILDING: WAREHOUSE RENOVATIONS	40,000	WIRE TRANSFER			ACCRUAL
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	15,000	WIRE TRANSFER			ACCRUAL
(24)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	50,000	WIRE TRANSFER			ACCRUAL
(25)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: COSTS ASSOCIATED WITH REORGANIZATION	24,420	WIRE TRANSFER			ACCRUAL
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: SALARIES	29,000	WIRE TRANSFER			ACCRUAL
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: SALARIES, CODE COMPLIANCE CONSULTING	671,500	WIRE TRANSFER			ACCRUAL
(28)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	1,015,000	WIRE TRANSFER			ACCRUAL
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: TRUCK PURCHASE	92,443	WIRE TRANSFER			ACCRUAL
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	120,000	WIRE TRANSFER			ACCRUAL
(31)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	10,000	WIRE TRANSFER			ACCRUAL
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	450,000	WIRE TRANSFER			ACCRUAL
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	115,000	WIRE TRANSFER			ACCRUAL
(34)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: IT SOFTWARE DEVELOPMENT AND MAINTENANCE	92,113	WIRE TRANSFER			ACCRUAL
(35)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	125,000	WIRE TRANSFER			ACCRUAL
(36)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	10,000	WIRE TRANSFER			ACCRUAL
(37)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	115,000	WIRE TRANSFER			ACCRUAL
(38)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	5,000	WIRE TRANSFER			ACCRUAL
(39)		NORTH AMERICA (CANADA & MEXICO ONLY)	COVID: EMERGENCY	125,000	WIRE TRANSFER			ACCRUAL

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RESPONSE					
(40)		NORTH AMERICA (CANADA & MEXICO ONLY)	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	30,000	WIRE TRANSFER			ACCRUAL
(41)		SUB-SAHARAN AFRICA	CAPACITY BUILDING: SALARIES, FOOD PURCHASE, TRANSPORT, TRUCK, RENOVATIONS	295,000	WIRE TRANSFER			ACCRUAL
(42)		SUB-SAHARAN AFRICA	COVID: EMERGENCY RESPONSE	10,000	WIRE TRANSFER			ACCRUAL
(43)		SOUTH ASIA	COVID: EMERGENCY RESPONSE	225,900	WIRE TRANSFER			ACCRUAL
(44)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	110,000	WIRE TRANSFER			ACCRUAL
(45)		SOUTH ASIA	NATURAL DISASTER: EMERGENCY RESPONSE	50,000	WIRE TRANSFER			ACCRUAL
(46)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	15,000	WIRE TRANSFER			ACCRUAL
(47)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	30,000	WIRE TRANSFER			ACCRUAL
(48)		SUB-SAHARAN AFRICA	COVID: EMERGENCY RESPONSE	260,000	WIRE TRANSFER			ACCRUAL
(49)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	30,000	WIRE TRANSFER			ACCRUAL
(50)		SOUTH AMERICA	TRANSPORT COSTS	2,060	WIRE TRANSFER			ACCRUAL
(51)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	19,500	WIRE TRANSFER			ACCRUAL
(52)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	35,000	WIRE TRANSFER			ACCRUAL
(53)		CENTRAL AMERICA AND THE CARIBBEAN	COVID: EMERGENCY RESPONSE	5,000	WIRE TRANSFER			ACCRUAL
(54)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER: EMERGENCY RESPONSE	20,000	WIRE TRANSFER			ACCRUAL
(55)		SUB-SAHARAN AFRICA	COVID: EMERGENCY RESPONSE	15,000	WIRE TRANSFER			ACCRUAL
(56)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	87,000	WIRE TRANSFER			ACCRUAL
(57)		SUB-SAHARAN AFRICA	CAPACITY BUILDING: PROGRAM EXPENSES, SALARIES, TRANSPORT, FOOD PURCHASE, WAREHOUSE RENTAL, VEHICLE PURCHASE	295,000	WIRE TRANSFER			ACCRUAL
(58)		SUB-SAHARAN AFRICA	COVID: EMERGENCY RESPONSE	10,000	WIRE TRANSFER			ACCRUAL

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(59)		MIDDLE EAST AND NORTH AFRICA	COVID: EMERGENCY RESPONSE	105,000	WIRE TRANSFER			ACCRUAL
(60)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	438,000	WIRE TRANSFER			ACCRUAL
(61)		SOUTH AMERICA	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	140,500	WIRE TRANSFER			ACCRUAL
(62)		SOUTH ASIA	COVID: EMERGENCY RESPONSE	225,000	WIRE TRANSFER			ACCRUAL
(63)		SUB-SAHARAN AFRICA	CAPACITY BUILDING: PROGRAM EXPENSES, SALARIES, TRANSPORT, FOOD PURCHASE, WAREHOUSE RENTAL, VEHICLE PURCHASE	295,000	WIRE TRANSFER			ACCRUAL
(64)		SUB-SAHARAN AFRICA	COVID: EMERGENCY RESPONSE	10,000	WIRE TRANSFER			ACCRUAL
(65)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	180,000	WIRE TRANSFER			ACCRUAL
(66)		SOUTH AMERICA	COVID: EMERGENCY RESPONSE	130,000	WIRE TRANSFER			ACCRUAL
(67)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	85,000	WIRE TRANSFER			ACCRUAL
(68)		EAST ASIA AND THE PACIFIC	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	30,000	WIRE TRANSFER			ACCRUAL
(69)		EAST ASIA AND THE PACIFIC	NATURAL DISASTER: EMERGENCY RESPONSE	50,000	WIRE TRANSFER			ACCRUAL
(70)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING: SALARIES	100,176	WIRE TRANSFER			ACCRUAL
(71)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	115,000	WIRE TRANSFER			ACCRUAL
(72)		EAST ASIA AND THE PACIFIC	COVID: EMERGENCY RESPONSE	15,000	WIRE TRANSFER			ACCRUAL
(73)		MIDDLE EAST AND NORTH AFRICA	COVID: EMERGENCY RESPONSE	85,000	WIRE TRANSFER			ACCRUAL
(74)		MIDDLE EAST AND NORTH AFRICA	COVID: EMERGENCY RESPONSE	100,000	WIRE TRANSFER			ACCRUAL
(75)		SOUTH ASIA	CHILD HUNGER: FOOD PURCHASE, SALARIES AND TRANSPORT COSTS	200,000	WIRE TRANSFER			ACCRUAL
(76)		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID: EMERGENCY RESPONSE	110,000	WIRE TRANSFER			ACCRUAL
(77)		SOUTH ASIA	COVID: EMERGENCY	420,000	WIRE TRANSFER			ACCRUAL

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RESPONSE					

Part V

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>THE GLOBAL FOODBANKING NETWORK (GFN) MAKES GRANTS TO INDIVIDUAL FOOD BANKS OR NATIONAL FOOD BANK NETWORKS FOR A VARIETY OF PURPOSES. MOST GRANTS ARE AIMED AT HELPING THE GRANTEE 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, *FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY, *GFN'S 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, AND *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>BEFORE A GRANT IS OFFERED TO A GRANTEE, GFN CONDUCTS LEGAL DUE DILIGENCE ON THE GRANTEE, ASSURING THAT IT IS A LEGALLY ESTABLISHED, CHARITABLE ORGANIZATION, IN-GOOD-STANDING IN ITS COUNTRY AND HAS LEGAL AUTHORITY TO ENTER INTO A BINDING GRANT AGREEMENT. GFN THEN NEGOTIATES A GRANT AGREEMENT WITH THE GRANTEE THAT ADDRESSES ALL RELEVANT PROGRAMMATIC AND LEGAL REQUIREMENTS RELATED TO THE GRANT. FINALLY, GFN SCREENS THE GRANTEE, ITS GOVERNING BOARD, ITS MANAGEMENT, AND KEY STAFF WITH AUTHORITY TO DISBURSE GRANT FUNDS, AND THE FINANCIAL INSTITUTION WHERE THE FUNDS WILL BE HELD AGAINST SEVERAL TERRORIST WATCH LISTS. ONLY AFTER THE AGREEMENT IS SIGNED AND THE SCREENING PROCESS IS 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. IF IT IS NOT POSSIBLE TO ESTABLISH A SEPARATE ACCOUNT SOLELY FOR GRANT FUNDS, GRANTEES ARE REQUIRED TO FLAG ALL TRANSACTIONS MADE WITH THE GRANT FUNDS WITH A UNIQUE IDENTIFIER WITHIN THEIR EXISTING ACCOUNTING SYSTEM TO FACILITATE AUDITING. QUARTERLY CONFERENCE CALLS ARE HELD WITH ALL GRANTEES TO MONITOR PROJECT PROGRESS. REPORT DUE DATES ARE TRACKED AND FOLLOW-UP ON DELINQUENT OR MISSING REPORTS IS CONDUCTED AS NEEDED. DEPENDING ON THE SIZE AND SCOPE OF THE GRANT, AS WELL AS ON CERTAIN DONOR REQUIREMENTS, GFN MAY VISIT THE GRANTEE TO CONDUCT RELEVANT OVERSIGHT ACTIVITIES.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIVE 2 ASIA 2201 BROADWAY, OAKLAND, CA 94612	94-3373670	501(C)(3)	275,000				(SEE STATEMENT)
(2) SCHOLARS OF SUSTENANCE 111 CUMBERLAND DRIVE, CARY, NY 27513	47-2368767	501(C)(3)	125,000				COVID: EMERGENCY RESPONSE
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>THE GLOBAL FOODBANKING NETWORK (GFN) MAKES GRANTS TO INDIVIDUAL FOOD BANKS OR NATIONAL FOOD BANK NETWORKS FOR A VARIETY OF PURPOSES. MOST GRANTS ARE AIMED AT HELPING THE GRANTEE 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, *FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY, *GFN'S 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, AND *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>BEFORE A GRANT IS OFFERED TO A GRANTEE, GFN CONDUCTS LEGAL DUE DILIGENCE ON THE GRANTEE, ASSURING THAT IT IS A LEGALLY ESTABLISHED, CHARITABLE ORGANIZATION, IN-GOOD-STANDING IN ITS COUNTRY AND HAS LEGAL AUTHORITY TO ENTER INTO A BINDING GRANT AGREEMENT. GFN THEN NEGOTIATES A GRANT AGREEMENT WITH THE GRANTEE THAT ADDRESSES ALL RELEVANT PROGRAMMATIC AND LEGAL REQUIREMENTS RELATED TO THE GRANT. FINALLY, GFN SCREENS THE GRANTEE, ITS GOVERNING BOARD, ITS MANAGEMENT, AND KEY STAFF WITH AUTHORITY TO DISBURSE GRANT FUNDS, AND THE FINANCIAL INSTITUTION WHERE THE FUNDS WILL BE HELD AGAINST SEVERAL TERRORIST WATCH LISTS. ONLY AFTER THE AGREEMENT IS SIGNED AND THE SCREENING PROCESS IS 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. IF IT IS NOT POSSIBLE TO ESTABLISH A SEPARATE ACCOUNT SOLELY FOR GRANT FUNDS, GRANTEES ARE REQUIRED TO FLAG ALL TRANSACTIONS MADE WITH THE GRANT FUNDS WITH A UNIQUE IDENTIFIER WITHIN THEIR EXISTING ACCOUNTING SYSTEM TO FACILITATE AUDITING. QUARTERLY CONFERENCE CALLS ARE HELD WITH ALL GRANTEES TO MONITOR PROJECT PROGRESS. REPORT DUE DATES ARE TRACKED AND FOLLOW-UP ON DELINQUENT OR MISSING REPORTS IS CONDUCTED AS NEEDED. DEPENDING ON THE SIZE AND SCOPE OF THE GRANT, AS WELL AS ON CERTAIN DONOR REQUIREMENTS, GFN MAY VISIT THE GRANTEE TO CONDUCT RELEVANT OVERSIGHT ACTIVITIES.</p>
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>GIVE 2 ASIA: CAPACITY BUILDING: WAREHOUSE RENTAL, SALARIES, EQUIPMENT PURCHASE</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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

20-4268851

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LISA J. MOON PRESIDENT AND CEO	(i)	265,797	65,000	168	14,250	1,708	346,923	0
	(ii)	0	0	0	0	0	0	0
2 VICKI CLARKE VICE PRESIDENT, DEVELOPMENT, SECRETARY	(i)	174,448	8,750	281	1,542	23,937	208,958	0
	(ii)	0	0	0	0	0	0	0
3 DOUGLAS L. O'BRIEN VICE PRESIDENT, NETWORK PROGRAMS, ASST. SECRETARY	(i)	172,279	8,500	806	0	24,913	206,498	0
	(ii)	0	0	0	0	0	0	0
4 BETH E. SAKS CFO, TREASURER	(i)	159,803	8,000	1,238	8,650	25,393	203,084	0
	(ii)	0	0	0	0	0	0	0
5 KAREN HANNER DIRECTOR, PRODUCT SOURCING AND STRATEGIC PARTNERSHIPS	(i)	142,829	0	1,224	7,212	9,345	160,610	0
	(ii)	0	0	0	0	0	0	0
6 MATTHEW ECKFORD DIRECTOR, CORPORATE AND FOUNDATION PARTNERSHIPS	(i)	127,218	0	168	2,650	24,646	154,682	0
	(ii)	0	0	0	0	0	0	0
7 CHRISTOPHER REBSTOCK DIRECTOR OF FIELD SERVICES	(i)	131,991	0	1,163	6,744	10,545	150,443	0
	(ii)	0	0	0	0	0	0	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	WITH THE EXCEPTION OF THE PRESIDENT, BONUSES ARE DISCRETIONARY AND NOT A FIXED AMOUNT OR PERCENTAGE OF COMPENSATION. THE PRESIDENT'S CONTRACT ALLOWS FOR A MAXIMUM PERCENT BONUS. THE STEERING COMMITTEE, WITHIN THIS PARAMETER, RECOMMENDS AN AMOUNT TO THE BOARD OF DIRECTORS WHICH IS SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal
Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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	APPROXIMATELY 40 MILLION PERSONS FACING HUNGER. MORE THAN HALF OF PEOPLE SERVED BY GFN MEMBER FOOD BANKS WERE WOMEN AND GIRLS; APPROXIMATELY 44% WERE CHILDREN AGES 0-17 YEARS. GFN SUPPORTED MEMBER FOOD BANKS AS THEY SERVED AS TRUE FRONTLINE EMERGENCY RESPONDERS TO COVID-19, FACING SURGING DEMAND FOR FOOD, AND PIVOTING DISTRIBUTION MODELS AMID PANDEMIC-SPURRED SUPPLY CHAIN DISRUPTIONS WHICH REQUIRED NEW SOURCING MECHANISMS. THE GLOBAL FOODBANKING NETWORK COMPRISES 49 FOOD BANKING ORGANIZATIONS ACROSS 44 COUNTRIES, BASED PRIMARILY IN EMERGING AND DEVELOPMENT MARKETS ACROSS LATIN AMERICA, SOUTH AND SOUTHEAST ASIA, AND SUB-SAHARAN AFRICA, WORKING THROUGH NETWORKS OF MORE THAN 59K LOCAL COMMUNITY SERVICE AGENCIES, AND SUPPORTED BY OVER 277K VOLUNTEERS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>DEVELOPED PRE-COVID TO INCREASE FOOD DISTRIBUTION BY 10 PERCENT IN 2020 TO A HISTORIC HIGH OF 882 MILLION KILOS OF FOOD AND GROCERY PRODUCTS DISTRIBUTED. IN FY 2021, GFN PROVIDED MORE THAN 21,000 HOURS OF PROGRAMMATIC TECHNICAL ASSISTANCE, AIMED AT STRENGTHENING THE CAPACITY AND COVID RELIEF RESPONSE OF FOOD BANKS MEMBERS, AND DISBURSED GRANTS IN SUPPORT OF MEMBER ACTIVITIES (APPROXIMATELY 67 PERCENT FOR COVID RESPONSE NEEDS, 24 PERCENT AWARDED FOR CAPACITY BUILDING AND 8 PERCENT FOR CHILD HUNGER).</p> <p>GFN CERTIFIES FOOD BANKING ORGANIZATIONS (NATIONAL NETWORKS, NATIONAL FOOD BANKS, OR INDEPENDENT FOOD BANKS) AS MEMBERS. THIS MEANS THOSE ORGANIZATIONS HAVE MET GFN STANDARDS IN AREAS OF FOOD SAFETY AND HANDLING, OPERATIONAL EFFECTIVENESS, ETHICAL AND FINANCIAL ACCOUNTABILITY AND TRANSPARENCY, ADHERENCE TO NATIONAL LEGAL REQUISITES OF ORGANIZATION, NONDISCRIMINATION IN THE DELIVERY OF SERVICES, AND OTHER KEY STANDARDS IN EFFECTIVE FOOD BANK OPERATIONS. BY ATTAINING GFN CERTIFIED MEMBER STATUS, THESE FOOD BANKING ORGANIZATIONS CAN ASSURE DONORS, GOVERNMENTS, AND OTHER STAKEHOLDERS OF THEIR ATTAINMENT OF UNIVERSAL STANDARDS IN OPERATIONS AND SERVICE. DUE TO INTERNATIONAL TRAVEL RESTRICTIONS AND HEALTH SAFETY CONCERNS ARISING FROM THE COVID-19 PANDEMIC, GFN WAS UNABLE TO CONDUCT IN-PERSON AUDITS AND TEMPORARILY HALTED CERTIFICATIONS AND RECERTIFICATIONS IN FY 21.</p> <p>TO AID THE CAPACITY BUILDING AND EFFECTIVENESS OF MEMBER ORGANIZATIONS, GFN CONDUCTS SOCIOECONOMIC, FOOD SYSTEM, AND ORGANIZATIONAL CAPABILITY NEED ASSESSMENTS IN CONJUNCTION WITH THE OBJECTIVES OF THE FOOD BANK AND ASSISTS IN THE DEVELOPMENT OF THEIR SERVICES. THE CAPACITY BUILDING ASSISTANCE GFN PROVIDES INCLUDES GUIDANCE AND SUPPORT IN OPERATIONS, INFRASTRUCTURE, AND LOGISTICS CAPACITY TO EXPAND THE SCALE AND CAPABILITY OF FOOD BANKS, INCREASING THE VOLUME AND VARIETY OF SURPLUS FOOD RECOVERY, STRENGTHENING OF LOCAL CIVIL SOCIETY NETWORKS, AND IMPROVING THE EFFICIENT AND EQUITABLE DISTRIBUTION OF FOOD AND NUTRITION ASSISTANCE. THE PROGRAMMING BROADLY AIDS FOOD BANK EFFECTIVENESS AS MEMBER LEADERSHIP INDICATES AND COMMUNITY NEEDS REQUIRE. GFN UTILIZES A DATA-DRIVEN APPROACH ACCENTUATED BY FOCUSED-FIELD ASSISTANCE, DEPLOYMENT OF VARIOUS TECHNICAL ASSISTANCE STRATEGIES AND INTERVENTIONS, AND IN MOST INSTANCES AIDED BY STRATEGIC GRANTS.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	THE FOOD LOSS AND WASTE MITIGATION EFFORTS OF FOOD BANKS AND SURPLUS FOOD RECOVERY IMPACTS ON CLIMATE CHANGE. THESE STUDIES ARE EMBLEMATIC OF GFN'S COMMITMENT TO PUBLIC AWARENESS AND EDUCATION, DATA-DRIVEN RESULTS, AND OBJECTIVE METRICS APPLIED TO MEASURE THE IMPACT OF THE FOOD BANKING MODEL ON A GLOBAL SCALE, AS WELL AS THE ALIGNMENT TO UNITED NATION'S SUSTAINABLE DEVELOPMENT GOALS (SDGS).

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>THAN 10 MILLION IN 2020.</p> <p>GFN'S INCUBATOR PROGRAM CONVENES A SMALL NUMBER OF FOOD BANK FOUNDERS/LEADERS ON A REGIONAL BASIS, WITH FOCUSED TECHNICAL SUPPORT AND NETWORKS TO MOVE THROUGH EARLY-STAGE OPERATIONS TOWARD SUSTAINABLE, MEASURED GROWTH FOR SOCIAL IMPACT MEASURED IN SERVICE DELIVERY, AND SCALE. ONCE ENTERED IN THE PROGRAM, THE FOOD BANK LEADERS ARE ASSISTED THROUGH CONVENING (VIRTUALLY IN THE CURRENT IN ENVIRONMENT), COACHING, AND CONCERTED TRAINING, TO SUPPORT THE ORGANIZATION'S LONG-TERM DEVELOPMENT, EFFECTIVENESS, AND SCALABILITY. IN ADDITION, GFN INTRODUCES FOOD BANK FOUNDERS TO PRIVATE SECTOR, CORPORATE, AND MULTILATERAL PARTNERS THROUGH STAKEHOLDER COUNCILS TO CREATE OPPORTUNITIES FOR COLLABORATION AND EARLY-STAGE FINANCIAL INVESTMENTS, PRODUCT DONATION, AND COMPANY PARTNER - EMPLOYEE ENGAGEMENT.</p> <p>GFN DEVELOPED A NEW FOOD BANK DEVELOPMENT PROGRAM FOR THE IDENTIFICATION, RECRUITMENT, AND TRAINING OF POTENTIAL NEW FOOD BANK PARTNERS. THE GEOGRAPHIC FOCUS OF THE NEW PROGRAMMING ARE COMMUNITIES WITH PERSISTENTLY HIGH PREVALENCE RATES OF HUNGER OR FOOD INSECURITY ABOVE 15 PERCENT OF THE GENERAL POPULATION. IN FY 21, GFN RECEIVED MORE THAN 100 INQUIRIES FROM ORGANIZATIONS AND INDIVIDUALS WHO WERE INTERESTED IN ESTABLISHING A FOOD BANK OR IF ALREADY ESTABLISHED, BECOMING A MEMBER OF GFN. IN FY 21, ORGANIZATIONS IN MORE THAN 12 COUNTRIES HAVE BEGUN THE NEW PROGRAMMING PROCESS, WHICH INCLUDES VIRTUAL/WEBINAR INTRODUCTION TO THE FOOD BANK MODEL, UNDERTAKING A FOOD BANK ASSESSMENT AND PLANNING PROTOCOL, DISSEMINATION OF FOOD BANK OPERATIONS TOOLKITS, ONE-TO-ONE CONSULTATION WITH PROGRAM EXPERTS, AND GFN'S OWN ASSESSMENT OF ORGANIZATIONAL POTENTIAL. CANDIDATE ORGANIZATIONS THAT PASS FEASIBILITY ASSESSMENTS AND SHOW EVIDENCE OF THEIR ABILITY TO FURTHER ADVANCE AND BE SUSTAINED THROUGH LOCAL SUPPORT ARE INVITED TO MORE IN-DEPTH TRAINING TAILORED TO THEIR SPECIFIC CIRCUMSTANCES AND EARLY-STAGE FOOD BANKING ORGANIZATIONAL NEEDS. THOSE CANDIDATES THAT SUCCESSFULLY COMPLETE THE INITIAL TRAINING PHASES ARE OFFERED AN ENGAGEMENT AGREEMENT AND MAY BE INVITED TO A NEW INCUBATOR PROGRAM COHORT OR ADDED TO THE REGULAR TECHNICAL ASSISTANCE PROGRAMMING OF GFN'S REGIONAL MANAGERS.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$262,625 INCLUDING GRANTS OF \$0)(REVENUE \$0)</p> <p>EDUCATION AND TRAINING: THE GFN FOOD BANK LEADERSHIP INSTITUTE (FBLI) HAS BECOME THE WORLD'S FOREMOST GATHERING OF FOOD BANKS AND COMMUNITY-BASED FOOD ASSISTANCE PROGRAM LEADERS. BEGINNING IN FY 20 AND EXTENDING INTO FY 21 DUE TO COVID-19 TRAVEL RESTRICTIONS, GFN OPTED FOR A SERIES OF "VIRTUAL FBLI" SESSIONS WITH SPEAKERS FROM HARVARD LAW SCHOOL'S FOOD LAW AND POLICY CENTER ON GOVERNMENT POLICIES RELATED TO FOOD DONATION AND RECOVERY. THROUGHOUT FY 21, GFN CONDUCTED MORE THAN 30 VIRTUAL FBLI AND ASSOCIATED WEBINAR SESSIONS, ATTENDED BY NEARLY 2,500 PEOPLE FROM 92 COUNTRIES. RESPONSE TO THE VIRTUAL FBLI AND WEBINAR SESSIONS WAS OVERWHELMINGLY POSITIVE, WITH 85 PERCENT OF RESPONDENTS RATING SESSIONS AS "EXCELLENT" OR "VERY GOOD." THE VIRTUAL EVENTS ALLOWED MEMBERS FACING PANDEMIC CHALLENGES TO SHARE USEFUL KNOWLEDGE ACROSS CULTURES, CIRCUMSTANCES, AND BORDERS ON HOW TO BETTER ADDRESS THE FOOD SECURITY NEEDS OF THEIR OWN COMMUNITIES. THE EFFECTIVENESS OF THE MODEL WILL ENABLE GFN CONTINUE TO OFFER SESSIONS AND DIGITAL KNOWLEDGE SHARING TO SUPPORT PROGRAMMATIC GOALS IF TRAVEL RESTRICTIONS REMAIN IN FORCE AROUND THE GLOBE.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>PURSUANT TO THE CORPORATION'S BYLAWS, ITS BOARD OF DIRECTORS (BOD), WHICH IS ITS GOVERNING BODY, BY DULY ADOPTED RESOLUTION, ESTABLISHED A FIVE-DIRECTOR STEERING COMMITTEE CONSISTING OF THOSE DIRECTORS WHO ARE FROM TIME TO TIME THE CHAIRPERSON OF THE BOD, THE VICE CHAIRPERSON OF THE BOD, AND THE CHAIRPERSONS OF EACH OF THE STANDING COMMITTEES CREATED BY THE BYLAWS (THE GOVERNANCE, AUDIT AND FINANCE COMMITTEES) TOGETHER WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER (EX-OFFICIO AND NON-VOTING); PROVIDED THAT THE EXISTENCE OF AN UNFILLED VACANCY SHALL NOT PRECLUDE THE STEERING COMMITTEE FROM ACTING AT A MEETING OF THE STEERING COMMITTEE OR BY INFORMAL ACTION.</p> <p>UNDER THE CORPORATION'S BYLAWS, THE STEERING COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOD IN THE MANAGEMENT OF THE CORPORATION (INCLUDING, WITHOUT LIMITATION, THE AUTHORITY TO DEAL WITH ALL MATTERS INVOLVING CONFLICTS OF INTEREST UNDER ARTICLE XV OF THE BYLAWS) BETWEEN REGULAR MEETINGS OF THE BOD EXCEPT WITH RESPECT TO ACTS AND MATTERS EXPRESSLY RESERVED TO THE BOD ITSELF BY SECTION 108.40 OF THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT OR ANY PROVISION OF THE BYLAWS AND EXCEPT WITH RESPECT TO ANY FUNCTIONS OR AUTHORITY SPECIFICALLY DELEGATED TO ANOTHER COMMITTEE BY RESOLUTION OF THE BODS ADOPTED BY A MAJORITY OF THE DIRECTORS IN OFFICE.</p> <p>THE STEERING COMMITTEE SHALL HAVE SUCH FURTHER RESPONSIBILITIES AS THE BOARD OF DIRECTORS MAY ASSIGN TO IT FROM TIME TO TIME.</p>

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THIS FORM 990 WAS INITIALLY PREPARED BY THE CORPORATION'S CHIEF FINANCIAL OFFICER ("CFO"), IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM (SELECTED BY THE BOD UPON THE RECOMMENDATION OF ITS AUDIT COMMITTEE). THE DRAFT WAS THEN REVIEWED BY THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, WHICH IN CONSULTATION WITH THE CFO MADE SUCH REVISIONS TO THE DRAFT AS IT CONSIDERED APPROPRIATE, AND THE DRAFT RESULTING FROM THAT REVIEW WAS CIRCULATED TO THE CORPORATION'S MANAGEMENT TEAM, THE CORPORATION'S GENERAL COUNSEL, AND THE AUDIT COMMITTEE. THEIR COMMENTS WERE THEN CONSIDERED BY THE CFO AND REFLECTED IN A REVISED DRAFT AS THE CFO, IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, CONSIDERED APPROPRIATE. A DRAFT RESULTING FROM THIS PROCESS WAS THEN DISCUSSED BY THE AUDIT COMMITTEE AT A MEETING HELD ON SEPTEMBER 27, 2021 ALSO ATTENDED BY THE CFO, REPRESENTATIVES FROM THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM 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 5, 2021.				
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, AND ASKED TO SIGN AN ANNUAL DECLARATION AND AGREE TO BRING TO THE BOD'S ATTENTION ANY FUTURE SITUATION NOT DISCLOSED IN THE DECLARATION. ALL BOD PROSPECTIVE CANDIDATES ARE REQUIRED TO COMPLETE A DECLARATION PRIOR TO THE BOD VOTE.</p> <p>THE BOD OR THE STEERING COMMITTEE HAS THE POWER TO CONSIDER POTENTIAL CONFLICT SITUATIONS AS THEY BECOME AWARE OF THEM AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.</p> <p>IF THE BOD HAS REASONABLE CAUSE TO BELIEVE A KNOWN OR POSSIBLE CONFLICT OF INTEREST WAS NOT DISCLOSED AND AFTER AFFORDING THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE, IS REQUIRED TO TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.</p> <p>IN ADDITION, THE CORPORATION'S CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES IS CONTAINED IN ITS EMPLOYEE MANUAL. IT REQUIRES THAT BOTH A DISCLOSURE OF CONFLICTS AND COMPLETION OF AN ANNUAL DISCLOSURE STATEMENT IS COMPLETED ANNUALLY.</p>				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>IN JANUARY 2021, THE BOD, ENGAGED A CONSULTING FIRM TO REVIEW TOTAL COMPENSATION FOR THE PRESIDENT AND CEO.</p> <p>THE CONSULTING FIRM COMPARED GFN'S CEO'S COMPENSATION TO OTHER CEOS WITHIN NONPROFIT ORGANIZATIONS COMPARABLE TO GFN IN TERMS OF SIZE (REVENUES AND FTES) AND/OR INDUSTRY. DATA WAS SOURCED FROM PUBLISHED SURVEY SOURCES AND THE MOST RECENTLY FILED IRS FORM 990S OF IDENTIFIED PEER ORGANIZATIONS.</p> <p>BASED ON THIS STUDY, THE STEERING COMMITTEE RECOMMENDED TO THE BOD TO ADJUST THE CEO SALARY ACCORDINGLY.</p>				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>IN JANUARY 2021, BOD ENGAGED A CONSULTING FIRM TO REVIEW TOTAL COMPENSATION FOR SENIOR EXECUTIVES TO INCLUDE THE CFO, VP PROGRAMS, VP DEVELOPMENT, VP COMMUNICATIONS.</p> <p>THE CONSULTING FIRM COMPARED GFN'S EXECUTIVES TO SIMILAR EXECUTIVE-LEVEL POSITIONS WITHIN NONPROFIT ORGANIZATIONS COMPARABLE TO GFN IN TERMS OF SIZE (REVENUES AND FTES) AND/OR INDUSTRY. DATA WAS SOURCED FROM PUBLISHED SURVEY SOURCES AND THE MOST RECENTLY FILED IRS FORM 990S OF IDENTIFIED PEER ORGANIZATIONS.</p> <p>BASED ON THIS STUDY, THE CEO IN CONCERT WITH THE STEERING COMMITTEE (WHICH CONSISTS OF MEMBERS OF THE BOD) RECOMMENDED AN ADJUSTMENT TO ONE SENIOR EXECUTIVE'S COMPENSATION.</p>				
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE CORPORATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS WEBSITE ANNUALLY. WHILE THE CORPORATION DOES NOT POST ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY ON ITS WEBSITE, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="464 1614 1513 1686"> <thead> <tr> <th data-bbox="464 1614 1304 1646">(a) Description</th> <th data-bbox="1308 1614 1513 1646">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1652 1304 1686">GRANT CURRENCY TRANSLATION GAIN</td> <td data-bbox="1308 1652 1513 1686">327,770</td> </tr> </tbody> </table>	(a) Description	(b) Amount	GRANT CURRENCY TRANSLATION GAIN	327,770
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GRANT CURRENCY TRANSLATION GAIN	327,770				

Global Foodbanking Network 2021 Form 990 DISCLOSURE COPY

Final Audit Report

2021-10-25

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