

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)

**2023**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2023** calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 20 24

**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 J. MOON  
SAME AS C ABOVE

**G** Gross receipts \$ 19,616,440

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number \_\_\_\_\_

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

**J** Website: WWW.FOODBANKING.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2006

**M** State of legal domicile: IL

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE GLOBAL FOODBANKING NETWORK (GFN) IS A GLOBAL, NONPROFIT ORGANIZATION THAT PROVIDES FOOD TO PEOPLE FACING HUNGER WHILE REDUCING FOOD LOSS AND WASTE, (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>19</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>15,869,051</u>	Current Year <u>14,132,111</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>181,842</u>	<u>296,695</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,803</u>	<u>759</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>16,054,696</u>	<u>14,429,565</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>7,220,932</u>	<u>6,528,712</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>6,067,000</u>	<u>7,167,679</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>2,033,369</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>4,225,752</u>	<u>3,870,433</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>17,513,684</u>	<u>17,566,824</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(1,458,988)</u>	<u>(3,137,259)</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>17,541,942</u>	End of Year <u>14,293,051</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>1,693,844</u>	<u>1,423,559</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>15,848,098</u>	<u>12,869,492</u>

**Part II Signature Block**

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

**Sign Here**

Lisa J. Moon 12 November 2023  
 Signature of officer Date  
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 11/09/2024 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  Yes  No

**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  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 6,755,673 including grants of \$ 3,454,046 ) (Revenue \$ )  
TECHNICAL ASSISTANCE AND CAPACITY BUILDING: GFN PROVIDES CAPABILITY BUILDING SERVICES THROUGH SUBJECT MATTER EXPERTS, PEER-TO-PEER KNOWLEDGE SHARING, AND PARTNER ENGAGEMENT AND ALIGNS THESE KNOWLEDGE SERVICES WITH CATALYTIC FINANCING, WITH AN AIM OF ACCELERATING FOOD BANK SOCIAL AND ENVIRONMENTAL IMPACT AND EFFECTIVENESS. THE FOCUS FOR KNOWLEDGE SERVICES IS DETERMINED THROUGH ORGANIZATIONAL ASSESSMENT AND FOOD BANKING MEMBERS PURSUE A MULTI-YEAR PLAN TO INCREASE ORGANIZATIONAL EFFECTIVENESS IN TARGETED WAYS. GFN PROVIDED KNOWLEDGE RESOURCES THROUGH A VARIETY OF PATHWAYS IN FY2024 INCLUDING:  
-ONE-TO-ONE ADVISORY SERVICES CONDUCTED VIRTUALLY AND IN PERSON;  
-TRAINING AND EXPERIENCE-SHARING AT REGIONAL MEETINGS HELD IN ASIA-PACIFIC AND AFRICA;  
-SUBJECT-FOCUSED WEBINARS; AND  
-FELLOWSHIP EXCHANGES.  
(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 1,528,874 including grants of \$ 1,444,000 ) (Revenue \$ )  
NUTRITION: A STRATEGIC FOCUS FOR GFN IS INCREASING NUTRITIOUS FOOD DISTRIBUTION. IN FY2024, FRUITS AND VEGETABLES ACCOUNTED FOR APPROXIMATELY HALF OF ALL FOOD DISTRIBUTED. GFN HELPS FOOD BANKING ORGANIZATIONS UNDERSTAND THE NUTRITIONAL MAKE-UP OF ITS FOOD DISTRIBUTION, WITH A FOCUS ON MICRONUTRIENTS. IT ALSO SUPPORTS FOOD BANKS IN PROVIDING SCHOOL MEALS IN A VARIETY OF COUNTRIES.

**4c** (Code: ) (Expenses \$ 1,188,150 including grants of \$ 470,000 ) (Revenue \$ )  
ACCELERATOR: GFN'S FOOD BANK ACCELERATOR PROGRAM EMPOWERS NEW FOOD BANKS TO LEARN FROM OTHER FOOD BANKS, EXPAND SERVICES, AND ESTABLISH CREDIBILITY THROUGH A COHORT APPROACH OVER THREE YEARS. THEY PROVIDE TECHNICAL AND FINANCIAL SUPPORT, MENTORING, PEER-TO-PEER CONNECTIONS, AND PARTNERSHIP OPPORTUNITIES THAT MIGHT OTHERWISE BE UNAVAILABLE TO PARTNERS ESTABLISHING OPERATIONS IN AREAS WHERE THE FOOD BANKING MODEL IS RELATIVELY UNKNOWN. THE SECOND COHORT OF THE ACCELERATOR KICKED OFF IN FY2024 AND CONSISTS OF THREE FOOD BANKS IN SOUTHEAST ASIA (INDONESIA, MALAYSIA, AND THE PHILIPPINES) AND FIVE FOOD BANKS IN AFRICA (COTE D'IVOIRE, THE DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, MADAGASCAR, AND NIGERIA).

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 4,269,066 including grants of \$ 1,160,666 ) (Revenue \$ 0 )

**4e** Total program service expenses 13,741,763

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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
<b>22</b> 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>		✓
<b>23</b> 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>	✓	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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>		✓
<b>26</b> 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>		✓
<b>27</b> 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>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> 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>		✓
<b>33</b> 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>		✓
<b>34</b> 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>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	44		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>			
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10a</b>			
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11a</b>			
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12a</b>			
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>			
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>			
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16a</b>			
<b>b</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? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 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.  
[VANESSA GUTIERREZ, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			✓				431,428	0	18,284
(2) BETH E. SAKS CHIEF FINANCIAL OFFICER, TREASURER (UNTIL APRIL 2024)	40.0			✓				237,165	0	35,721
(3) VANESSA GUTIERREZ CHIEF FINANCIAL OFFICER, TREASURER (BEG. MARCH 2024)	40.0			✓				0	0	0
(4) VICKI CLARKE VICE PRESIDENT, DEVELOPMENT, SECRETARY	40.0			✓				226,699	0	13,366
(5) DOUGLAS L. O'BRIEN VICE PRESIDENT, PROGRAMS, ASST. SECRETARY	40.0			✓				212,825	0	25,529
(6) MICHAEL OKO VP, COMMUNICATIONS & MARKETING	40.0			✓				197,569	0	31,592
(7) SHAMIR SHAHI CHIEF OF STAFF	40.0						✓	181,376	0	11,813
(8) REBECKAH PIOTROWSKI CORPORATE & FOUNDATION PARTNERSHIPS SENIOR DIRECTOR	40.0						✓	177,320	0	34,061
(9) CHRISTOPHER REBSTOCK CANADA, EUROPE, AND SOUTH ASIA PROGRAM DIRECTOR	40.0						✓	167,987	0	17,498
(10) MATTHEW ECKFORD MULTI-STAKEHOLDER PARTNERSHIPS SENIOR DIRECTOR	40.0						✓	161,839	0	25,475
(11) ANTHONY KITCHEN FIELD AND KNOWLEDGE SERVICES SENIOR DIRECTOR	40.0						✓	146,712	0	15,092
(12) CAROL CRINER CHAIRMAN	1.5	✓		✓				0	0	0
(13) SACHIN GUPTA DIRECTOR	1.0	✓						0	0	0
(14) TOM ARNOLD DIRECTOR	0.5	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CAROL BELLAMY DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(16) SHENGGEN FAN DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(17) BRIAN GREENE DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) PAUL HENRYS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) GONZALO MUNOZ DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) DR. WANJIRU KAMAU-RUTENBERG DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) CHRISTINE SHEEHAN DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(22) JACQUES VANDENSCHRIK DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) KUMIKO WATANABE DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) MARTIN BURT DIRECTOR	0.5	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								2,140,920	0	228,431
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								2,140,920	0	228,431

**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 18

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THINKTHROUGH CONSULTING PVT. LTD., BUILDING NO. 30, 3RD FLOOR, COMMUNITY CENTRE, BASANT LOK, NEW DELHI, DELHI, 110057, IN	CONSULTING PROJECTS IN SOUTH ASIA	274,396
APERIO PHILANTHROPY, 175 PEARL STREET, 1ST FLOOR, #55, BROOKLYN, NY 11201	EXECUTE MASTER PARTNERSHIP STRATEGY	178,000
INTUITION PUBLISHING INC., 183 MADISON AVENUE, SUITE 1101, NEW YORK, NY 10016	DESIGN AND CONSULT ON TECHNOLOGY-ENABLED LEAR	124,200

**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 3



**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,132,111			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		14,132,111			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . .		0	0	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		195,639			195,639
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	5,272,741	15,190		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	5,171,033	15,842		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	101,708	(652)		
	<b>d</b>	Net gain or (loss) . . . . .		101,056			101,056
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	CREDIT CARD REWARDS	900099	759			759
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		759			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		14,429,565	0	0	297,454	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	80,000	80,000		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,448,712	6,448,712		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,526,660	863,646	312,994	350,020
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	4,445,192	2,908,400	530,472	1,006,320
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	145,121	82,391	27,986	34,744
<b>9</b>	Other employee benefits . . . . .	683,997	534,528	63,818	85,651
<b>10</b>	Payroll taxes . . . . .	366,709	214,459	57,225	95,025
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	59,445	0	59,445	0
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	2,276,211	1,578,628	448,541	249,042
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	80,078	22,654	29,621	27,803
<b>14</b>	Information technology . . . . .	345,329	240,721	52,390	52,218
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	146,930	95,681	21,584	29,665
<b>17</b>	Travel . . . . .	799,393	582,560	147,418	69,415
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	16,917	6,967	2,130	7,820
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	69,797	49,574	13,230	6,993
<b>23</b>	Insurance . . . . .	34,891	17,374	14,051	3,466
<b>24</b>	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.) . . . . .				
<b>a</b>	<u>OTHER OPERATING EXPENSES</u> . . . . .	41,442	15,468	10,787	15,187
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	17,566,824	13,741,763	1,791,692	2,033,369
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,123,124	<b>1</b>	3,989,092
	<b>2</b> Savings and temporary cash investments . . . . .	7,074,111	<b>2</b>	2,715,448
	<b>3</b> Pledges and grants receivable, net . . . . .	6,451,448	<b>3</b>	6,712,408
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	175,620	<b>9</b>	330,159
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 317,256		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 184,076	187,480	<b>10c</b> 133,180
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	530,159	<b>15</b>	412,764
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	17,541,942	<b>16</b>	14,293,051	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	615,524	<b>17</b>	938,033
	<b>18</b> Grants payable . . . . .	586,387	<b>18</b>	112,000
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	4,700
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	491,933	<b>23</b>	368,826
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,693,844	<b>26</b>	1,423,559
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,576,177	<b>27</b>	3,688,045
	<b>28</b> Net assets with donor restrictions . . . . .	11,271,921	<b>28</b>	9,181,447
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	15,848,098	<b>32</b>	12,869,492	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	17,541,942	<b>33</b>	14,293,051	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,429,565
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,566,824
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(3,137,259)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,848,098
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	28,793
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	129,860
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,869,492

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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		✓
<b>b</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	✓	
<b>c</b>	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.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</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.		

**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 (Check all that apply)						(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			
(25) MILDRED NADAH PITA ----- DIRECTOR	0.5 -----	✓						0	0	0
(26) JOSEPH GITLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) FATMA SAMOURA ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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).)
- 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)(vii)**. (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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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 on 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)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,984,745	23,174,389	16,402,606	15,869,051	14,132,111	91,562,902
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	21,984,745	23,174,389	16,402,606	15,869,051	14,132,111	91,562,902
<b>5</b> 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) . . . . .						23,078,664
<b>6 Public support.</b> Subtract line 5 from line 4						68,484,238

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	21,984,745	23,174,389	16,402,606	15,869,051	14,132,111	91,562,902
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	24,121	23,600	8,620	166,311	195,639	418,291
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	3,380	1,637	2,659	3,803	759	12,238
<b>11 Total support.</b> Add lines 7 through 10						91,993,431
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	15,718
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	74.44 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	71.81 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 on line 12 of 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on 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 on 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> 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.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
<b>b</b>	Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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 <b>Part VI</b> .		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

**Part VI** **Supplemental Information.** 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.)

A series of horizontal dashed lines provided for supplemental information.

**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						
<b>SCHEDULE A, PART II, LINE 10 - OTHER INCOME</b>	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) CREDIT CARD REWARDS	3,380	1,637	2,364	3,803	759	11,943
	(2) OTHER REVENUE	0	0	295	0	0	295
	Total	3,380	1,637	2,659	3,803	759	12,238

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 [x] 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

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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	----- ----- -----	\$ ----- 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,375,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,050,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 725,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 425,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 460,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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	----- ----- -----	\$ ----- 574,650	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 1,998,089	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 356,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 500,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 465,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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
13	----- ----- -----	\$ ----- 300,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 501,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 800,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>THE GLOBAL FOODBANKING NETWORK</b>	Employer identification number <b>20-4268851</b>
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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

2023

Open to Public Inspection

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

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

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

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

Form with multiple rows for questions 1-9 regarding conservation easements, including 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.

Form with rows 1a-2b for questions about art and historical treasures, including dollar amounts.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds**

Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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?  **Yes**  **No**
- (ii)** Related organizations?  **Yes**  **No**

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		43,082	38,838	4,244
<b>d</b> Equipment		122,379	80,337	42,042
<b>e</b> Other		151,795	64,901	86,894
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				133,180

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	14,705,575
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	28,793		
<b>b</b>	Donated services and use of facilities . . . . .	156,705		
<b>c</b>	Recoveries of prior year grants . . . . .			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	89,860		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	275,358
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	14,430,217
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	(652)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	(652)
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	14,429,565

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	17,684,181
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	156,705		
<b>b</b>	Prior year adjustments . . . . .			
<b>c</b>	Other losses . . . . .			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	(39,348)		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	117,357
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	17,566,824
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .		<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	0	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	17,566,824

**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.

SEE STATEMENT

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**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	<b>(a)</b> Description	<b>(b)</b> Amount
	GAIN/(LOSS) ON CURRENCY EXCHANGE	89,860
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	LOSS ON DISPOSAL OF ASSETS	- 652
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	GRANT ADJUSTMENT	- 40,000
	LOSS ON DISPOSAL OF ASSETS	652

**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.</p> <p>MANAGEMENT BELIEVES GFN HAS NO MATERIAL UNRECOGNIZED INCOME TAX MATTERS, 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, 2024 AND 2023. GFN HAS NOT BEEN EXAMINED BY ANY TAX JURISDICTION. GFN HAS NOT YET BEEN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE LAST THREE YEARS. 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, 2024 AND 2023. 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

**2023**

**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](http://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		471,250
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		636,000
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		1,687,296
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		602,416
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		1,057,000
(6) SOUTH AMERICA	0	0	GRANTMAKING		992,250
(7) SOUTH ASIA	0	0	GRANTMAKING		220,000
(8) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		782,500
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPACITY BUILDING	4,676
(10) EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	CAPACITY BUILDING	204,332
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	8	PROGRAM SERVICES	CAPACITY BUILDING	157,831
(12) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CAPACITY BUILDING	65,664
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	4	PROGRAM SERVICES	CAPACITY BUILDING	102,222
(14) SOUTH AMERICA	0	12	PROGRAM SERVICES	CAPACITY BUILDING	257,260
(15) SOUTH ASIA	0	2	PROGRAM SERVICES	CAPACITY BUILDING	327,042
(16) SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	CAPACITY BUILDING	257,869
(17)					
<b>3a Subtotal</b>	0	32			7,825,608
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	32			7,825,608

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

Cat. No. 50082W

Schedule F (Form 990) 2023

**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 . . . . . 47

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)		SOUTH AMERICA	DISASTER GRANT	12,000	WIRE TRANSFER			
(2)		SOUTH AMERICA	GENERAL OPERATING GRANT	70,000	WIRE TRANSFER			
(3)		SOUTH AMERICA	NUTRITION PROGRAM	83,000	WIRE TRANSFER			
(4)		EAST ASIA AND THE PACIFIC	GENERAL OPERATING GRANT	17,000	WIRE TRANSFER			
(5)		EAST ASIA AND THE PACIFIC	AGRICULTURAL RECOVERY PROGRAM	25,000	WIRE TRANSFER			
(6)		EAST ASIA AND THE PACIFIC	GENERAL OPERATING GRANT	100,000	WIRE TRANSFER			
(7)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	1,000	WIRE TRANSFER			
(8)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	31,033	WIRE TRANSFER			
(9)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CAPACITY BUILDING GRANT	45,000	WIRE TRANSFER			
(10)		SOUTH AMERICA	NUTRITION PROGRAM	2,000	WIRE TRANSFER			
(11)		SOUTH AMERICA	FOOD PURCHASE AND DISTRIBUTION	25,000	WIRE TRANSFER			
(12)		SOUTH AMERICA	NUTRITION PROGRAM	33,000	WIRE TRANSFER			
(13)		SOUTH AMERICA	DISASTER GRANT AND GENERAL OPERATING SUPPORT FOR HEADQUARTERS	40,000	WIRE TRANSFER			
(14)		SOUTH AMERICA	COMMUNITY NEEDS ASSESSMENT AND FOOD PARCEL PROGRAM	50,000	WIRE TRANSFER			
(15)		SOUTH AMERICA	NUTRITION PROGRAM	83,000	WIRE TRANSFER			
(16)		SOUTH AMERICA	DISASTER GRANT	150,000	WIRE TRANSFER			
(17)		SUB-SAHARAN AFRICA	EXPANSION OF FOOD BANKING SERVICES	20,000	WIRE TRANSFER			
(18)		NORTH AMERICA (CANADA & MEXICO ONLY)	BACKPACK PROGRAM	10,000	WIRE TRANSFER			
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL OPERATING GRANT	17,000	WIRE TRANSFER			
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	BACKPACK PROGRAM	30,000	WIRE TRANSFER			
(21)		NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL OPERATING GRANT	125,000	WIRE TRANSFER			
(22)		SOUTH AMERICA	DISASTER GRANT	10,000	WIRE TRANSFER			
(23)		SOUTH AMERICA	NUTRITION PROGRAM	30,000	WIRE TRANSFER			
(24)		SOUTH AMERICA	INDIGENOUS POPULATIONS SERVICE PROGRAM	15,000	WIRE TRANSFER			

(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)
(25)		SOUTH AMERICA	SCHOOL FEEDING PROGRAM	30,000	WIRE TRANSFER			
(26)		SOUTH AMERICA	NUTRITION PROGRAM	40,000	WIRE TRANSFER			
(27)		SOUTH AMERICA	MARKETING, FOOD SOURCING, AGRICULTURAL RECOVERY PROGRAM, AND SERVICE PROVISION TO MIGRANT POPULATIONS	185,000	WIRE TRANSFER			
(28)		SOUTH AMERICA	GENERAL OPERATING GRANT	20,000	WIRE TRANSFER			
(29)		SOUTH AMERICA	SCHOOL FEEDING PROGRAM	58,000	WIRE TRANSFER			
(30)		SUB-SAHARAN AFRICA	FOOD SOURCING AND DISTRIBUTION EXPANSION	35,000	WIRE TRANSFER			
(31)		SOUTH AMERICA	DISASTER GRANT	15,000	WIRE TRANSFER			
(32)		SOUTH AMERICA	SCHOOL FEEDING PROGRAM	15,000	WIRE TRANSFER			
(33)		SOUTH AMERICA	DISASTER GRANT	18,250	WIRE TRANSFER			
(34)		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SAFETY PROGRAM	16,250	WIRE TRANSFER			
(35)		SUB-SAHARAN AFRICA	DISASTER GRANT	4,100	WIRE TRANSFER			
(36)		SUB-SAHARAN AFRICA	DISASTER GRANT	5,900	WIRE TRANSFER			
(37)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FOR FURTHER DEVELOPMENT AND MANAGEMENT OF LOGISTICS SOFTWARE	81,420	WIRE TRANSFER			
(38)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SUPPORT FOR FOOD, FINANCIAL, AND IN-KIND RELATIONSHIP DEVELOPMENT FROM INTERNATIONAL SOURCES	88,608	WIRE TRANSFER			
(39)		SUB-SAHARAN AFRICA	MEETING COSTS	5,000	WIRE TRANSFER			
(40)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	8,333	WIRE TRANSFER			
(41)		SUB-SAHARAN AFRICA	AGRICULTURAL RECOVERY PROGRAM	80,000	WIRE TRANSFER			
(42)		SUB-SAHARAN AFRICA	SCHOOL FEEDING PROGRAM	80,000	WIRE TRANSFER			
(43)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL OPERATING GRANT	3,000	WIRE TRANSFER			
(44)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL OPERATING GRANT	10,000	WIRE TRANSFER			
(45)		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL FEEDING PROGRAM	15,000	WIRE TRANSFER			



(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)
(46)		CENTRAL AMERICA AND THE CARIBBEAN	FOOD SOURCING AND DISTRIBUTION EXPANSION, AND SERVICE PROVISION TO INDIGENOUS POPULATIONS	150,000	WIRE TRANSFER			
(47)		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL FEEDING PROGRAM	10,000	WIRE TRANSFER			
(48)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL OPERATING GRANT	10,000	WIRE TRANSFER			
(49)		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL FEEDING PROGRAM	23,000	WIRE TRANSFER			
(50)		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL FEEDING PROGRAM	58,000	WIRE TRANSFER			
(51)		CENTRAL AMERICA AND THE CARIBBEAN	SCHOOL FEEDING PROGRAM	98,000	WIRE TRANSFER			
(52)		SOUTH ASIA	NUTRITION PROGRAM	30,000	WIRE TRANSFER			
(53)		SOUTH ASIA	AGRICULTURAL RECOVERY PROGRAM	60,000	WIRE TRANSFER			
(54)		SOUTH ASIA	SCHOOL FEEDING PROGRAM	35,000	WIRE TRANSFER			
(55)		SOUTH ASIA	SCHOOL FEEDING PROGRAM	35,000	WIRE TRANSFER			
(56)		SOUTH ASIA	FOOD SOURCING SUPPORT	60,000	WIRE TRANSFER			
(57)		EAST ASIA AND THE PACIFIC	VIRTUAL FOODBANKING PILOT PROJECT	50,000	WIRE TRANSFER			
(58)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	20,000	WIRE TRANSFER			
(59)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	70,000	WIRE TRANSFER			
(60)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LOGISTICS SUPPORT	21,712	WIRE TRANSFER			
(61)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	6,574	WIRE TRANSFER			
(62)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	10,000	WIRE TRANSFER			
(63)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	35,842	WIRE TRANSFER			
(64)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	250,000	WIRE TRANSFER			
(65)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	250,000	WIRE TRANSFER			
(66)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	10,000	WIRE TRANSFER			
(67)		MIDDLE EAST AND NORTH AFRICA	DISASTER GRANT	50,000	WIRE TRANSFER			
(68)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	8,333	WIRE TRANSFER			
(69)		SUB-SAHARAN AFRICA	AGRICULTURAL RECOVERY	78,000	WIRE TRANSFER			

(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)
			PROGRAM					
(70)		SUB-SAHARAN AFRICA	NUTRITION PROGRAM	80,000	WIRE TRANSFER			
(71)		SUB-SAHARAN AFRICA	FOOD SOURCING AND DISTRIBUTION EXPANSION	80,000	WIRE TRANSFER			
(72)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	36,000	WIRE TRANSFER			
(73)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	39,000	WIRE TRANSFER			
(74)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	40,000	WIRE TRANSFER			
(75)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	70,000	WIRE TRANSFER			
(76)		NORTH AMERICA (CANADA & MEXICO ONLY)	CONSUMER AND DONOR EDUCATION PROGRAM	1,000	WIRE TRANSFER			
(77)		NORTH AMERICA (CANADA & MEXICO ONLY)	SCHOOL FEEDING PROGRAM	35,000	WIRE TRANSFER			
(78)		NORTH AMERICA (CANADA & MEXICO ONLY)	DISASTER GRANT	50,000	WIRE TRANSFER			
(79)		NORTH AMERICA (CANADA & MEXICO ONLY)	SCHOOL FEEDING PROGRAM	65,000	WIRE TRANSFER			
(80)		NORTH AMERICA (CANADA & MEXICO ONLY)	SCHOOL FEEDING PROGRAM	76,000	WIRE TRANSFER			
(81)		NORTH AMERICA (CANADA & MEXICO ONLY)	NUTRITION PROGRAM	83,000	WIRE TRANSFER			
(82)		NORTH AMERICA (CANADA & MEXICO ONLY)	FOOD SOURCING, FOOD DISTRIBUTION, AND FOOD SAFETY PROGRAM	90,000	WIRE TRANSFER			
(83)		NORTH AMERICA (CANADA & MEXICO ONLY)	CONSUMER AND DONOR EDUCATION PROGRAM	475,000	WIRE TRANSFER			
(84)		SUB-SAHARAN AFRICA	FEASIBILITY STUDY	7,000	WIRE TRANSFER			
(85)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER GRANT	10,000	WIRE TRANSFER			
(86)		CENTRAL AMERICA AND THE CARIBBEAN	NUTRITION PROGRAM	68,000	WIRE TRANSFER			
(87)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	8,334	WIRE TRANSFER			
(88)		SUB-SAHARAN AFRICA	FOOD SOURCING AND DISTRIBUTION EXPANSION	125,000	WIRE TRANSFER			
(89)		SUB-SAHARAN AFRICA	FOOD SOURCING AND DISTRIBUTION EXPANSION	35,000	WIRE TRANSFER			
(90)		EAST ASIA AND THE PACIFIC	NUTRITION PROGRAM	33,000	WIRE TRANSFER			
(91)		EUROPE (INCLUDING ICELAND AND	GENERAL OPERATING	5,000	WIRE TRANSFER			

(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)
		GREENLAND)	GRANT					
(92)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	5,000	WIRE TRANSFER			
(93)		EAST ASIA AND THE PACIFIC	NUTRITION PROGRAM	71,000	WIRE TRANSFER			
(94)		SUB-SAHARAN AFRICA	COLD CHAIN EXPANSION	2,500	WIRE TRANSFER			
(95)		SUB-SAHARAN AFRICA	MEETING COSTS	5,000	WIRE TRANSFER			
(96)		SUB-SAHARAN AFRICA	NUTRITION PROGRAM	5,000	WIRE TRANSFER			
(97)		SUB-SAHARAN AFRICA	COLD CHAIN EXPANSION	30,000	WIRE TRANSFER			
(98)		SUB-SAHARAN AFRICA	NUTRITION PROGRAM	80,000	WIRE TRANSFER			
(99)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	25,000	WIRE TRANSFER			
(100)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTATION AND LOGISTICS SUPPORT	83,423	WIRE TRANSFER			
(101)		EAST ASIA AND THE PACIFIC	SCHOOL FEEDING PROGRAM	15,000	WIRE TRANSFER			
(102)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GENERAL OPERATING GRANT	16,000	WIRE TRANSFER			
(103)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FOOD SOURCING, FOOD DISTRIBUTION, AGRICULTURAL RECOVERY, AND FOOD SAFETY PROGRAM	1,274,100	WIRE TRANSFER			
(104)		SOUTH AMERICA	DISASTER GRANT	8,000	WIRE TRANSFER			
(105)		EAST ASIA AND THE PACIFIC	FOOD SOURCING AND DISTRIBUTION EXPANSION	50,000	WIRE TRANSFER			

Part V

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>THE GLOBAL FOODBANKING NETWORK (GFN) MAKES 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, STAFF TRAINING, TECHNOLOGY ACQUISITION AND IMPLEMENTATION, OR ACQUISITION OR IMPROVEMENT OF WAREHOUSE FACILITIES. GRANTEES ARE SELECTED BASED ON A COMBINATION OF FACTORS, INCLUDING:</p> <ul style="list-style-type: none"> <li>*SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE,</li> <li>*FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY,</li> <li>*GFN'S ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS,</li> <li>*THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, AND</li> <li>*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.</li> </ul> <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 &amp; 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 &amp; 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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**

- 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**
- 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCHOLARS OF SUSTENANCE 111 CUMBERLAND DRIVE, CARY, NY 27513	47-2368767	501C3	75,000				(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023



Return Reference - Identifier	Explanation
<p>SCHEDULE I, 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, STAFF TRAINING, TECHNOLOGY ACQUISITION AND IMPLEMENTATION, OR ACQUISITION OR IMPROVEMENT OF WAREHOUSE FACILITIES. GRANTEES ARE SELECTED BASED ON A COMBINATION OF FACTORS, INCLUDING:</p> <ul style="list-style-type: none"> <li>*SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE,</li> <li>*FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY,</li> <li>*GFN'S ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS,</li> <li>*THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, AND</li> <li>*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.</li> </ul> <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 I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>SCHOLARS OF SUSTENANCE: FARM RESCUE PROGRAM AND SURPLUS FOOD RECOVERY (THAILAND)</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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 checked="" 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>b</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>		✓
<p><b>2</b> 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>	✓	
<p><b>3</b> 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 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> 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>		✓
		✓
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p><b>7</b> 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>	✓	
<p><b>8</b> 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>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		



**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 and/or 1099-NEC 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)	348,727	82,394	307	16,500	1,784	449,712	0
	(ii)	0	0	0	0	0	0	0
2 BETH E. SAKS CHIEF FINANCIAL OFFICER, TREASURER (UNTIL APRIL 2024)	(i)	218,257	16,885	2,023	11,398	24,323	272,886	0
	(ii)	0	0	0	0	0	0	0
3 VICKI CLARKE VICE PRESIDENT, DEVELOPMENT, SECRETARY	(i)	206,729	19,252	718	11,360	2,006	240,065	0
	(ii)	0	0	0	0	0	0	0
4 DOUGLAS L. O'BRIEN VICE PRESIDENT, PROGRAMS, ASST. SECRETARY	(i)	196,491	15,006	1,328	0	25,529	238,354	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL OKO VP, COMMUNICATIONS & MARKETING	(i)	186,908	9,943	718	10,294	21,298	229,161	0
	(ii)	0	0	0	0	0	0	0
6 SHAMIR SHAHI CHIEF OF STAFF	(i)	180,720	0	656	8,982	2,831	193,189	0
	(ii)	0	0	0	0	0	0	0
7 REBECKAH PIOTROWSKI CORPORATE & FOUNDATION PARTNERSHIPS SENIOR DIRECTOR	(i)	177,045	0	275	8,695	25,366	211,381	0
	(ii)	0	0	0	0	0	0	0
8 CHRISTOPHER REBSTOCK CANADA, EUROPE, AND SOUTH ASIA PROGRAM DIRECTOR	(i)	165,995	0	1,992	7,932	9,566	185,485	0
	(ii)	0	0	0	0	0	0	0
9 MATTHEW ECKFORD MULTI-STAKEHOLDER PARTNERSHIPS SENIOR DIRECTOR	(i)	161,535	0	304	450	25,025	187,314	0
	(ii)	0	0	0	0	0	0	0
10 ANTHONY KITCHEN FIELD AND KNOWLEDGE SERVICES SENIOR DIRECTOR	(i)	146,281	0	431	7,342	7,750	161,804	0
	(ii)	0	0	0	0	0	0	0
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 1A - TRAVEL FOR COMPANIONS	DUE TO THE EXTENUATING CIRCUMSTANCES AND EXTENSIVE AMOUNT OF INTERNATIONAL TRAVEL AND THE NATURE OF THE OFFICER'S POSITION, GFN OFFERS A SMALL TRAVEL BENEFIT FOR FAMILY TRAVEL OF THIS OFFICER. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE OFFICER.
SCHEDULE J, PART I, LINE 1B - WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES	PURSUANT TO THE EMPLOYMENT AGREEMENT IN PLACE BETWEEN THE OFFICER AND GFN, THE OFFICER IS ELIGIBLE TO RECEIVE REIMBURSEMENTS FOR COMPANION TRAVEL UP TO \$5,000 ANNUALLY. THE OFFICER IS REQUIRED TO PROVIDE WRITTEN SUBSTANTIATION FOR THESE EXPENSES PRIOR TO BEING REIMBURSED. THE AMOUNTS REIMBURSED ARE TREATED AS TAXABLE COMPENSATION TO THE OFFICER. THIS OFFICER RECEIVED COMPANION TRAVEL BENEFITS TOTALING \$2,232 IN CALENDAR YEAR 2023 AND WAS TAXED ON THOSE BENEFITS ACCORDINGLY.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	<p>THE CEO IS ELIGIBLE 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.</p> <p>VPS AND THE CFO ARE ELIGIBLE FOR A MAXIMUM PERCENT BONUS. THE PRESIDENT DETERMINES THE BONUS EARNED BASED ON ORGANIZATIONAL PERFORMANCE AND ESTABLISHED KEY PERFORMANCE INDICATORS.</p>

**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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	CUTTING GREENHOUSE GAS EMISSIONS, AND STRENGTHENING COMMUNITIES. IN 2023, GFN PROVIDED FOOD TO OVER 40 MILLION PEOPLE, WHILE AVOIDING 1.8 MILLION METRIC TONS OF CO2E. GFN DISTRIBUTED OVER 654 MILLION KILOGRAMS OF FOOD, AND ON AVERAGE, FOOD BANKS IN THE NETWORK INCREASED DISTRIBUTION BY 25 PERCENT. FRUITS AND VEGETABLES WERE THE LARGEST CATEGORY OF FOOD DISTRIBUTED IN THE NETWORK IN 2023, REPRESENTING ALMOST 40 PERCENT OF TOTAL FOOD DISTRIBUTED, HELPING PROVIDE NUTRITION TO WOMEN, CHILDREN, AND OTHER POPULATIONS IN VULNERABLE SITUATIONS. IN 2023, GFN WORKED WITH 63 FOOD BANKS IN 53 COUNTRIES, MAINLY DEVELOPING AND EMERGING ECONOMIES, AND IS CONNECTED TO A NETWORK OF LOCAL ORGANIZATIONS AND POWERED BY OVER 300,000 VOLUNTEERS WORLDWIDE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	COMMON AREAS FOR CAPABILITY BUILDING INCLUDE FOOD SAFETY, LOGISTICS AND SUPPLY CHAIN EFFICIENCIES, PRODUCT SOURCING, NONPROFIT FUNDRAISING, GOVERNANCE, AND DATA COLLECTION AND DECISION-MAKING. GFN PROVIDES SERVICES FOR ALL NETWORK MEMBERS BUT OFFERS CONCENTRATED SUPPORT IN 21 MARKETS THAT ARE DISPROPORTIONATELY IMPACTED BY HUNGER AND CLIMATE CHANGE. IN FY2024, FOOD BANKING ORGANIZATIONS IN EMERGING AND DEVELOPING MARKETS INCREASED FOOD DISTRIBUTION BY APPROXIMATELY 25% ON AVERAGE.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,346,726 INCLUDING GRANTS OF )(REVENUE )  MOBILIZING FOOD SYSTEM ACTION: FOOD BANKING ORGANIZATIONS MAKE A MARKED DIFFERENCE IN THE LIVES OF MILLIONS OF PEOPLE AND STRENGTHEN COMMUNITY AND NATIONAL RESILIENCE. THEY ARE ALSO AGENTS FOR CHANGE IN TRANSFORMING FOOD SYSTEMS. IN FY2024, GFN UNITED ITS NETWORK TO INCREASE UNDERSTANDING ABOUT THE IMPORTANCE OF CONNECTING FOOD SURPLUS WITH THOSE IN NEED THROUGH TARGETED ENGAGEMENTS TO FOOD SYSTEMS PLAYERS AND NATIONAL GOVERNMENTS. GFN CONTINUED ITS PARTNERSHIP WITH THE HARVARD LAW SCHOOL'S FOOD LAW AND POLICY CLINIC ON THE GLOBAL FOOD DONATION POLICY ATLAS TO BETTER UNDERSTAND NATIONAL LEGAL FRAMEWORKS TO DISCOURAGE FOOD LOSS AND WASTE AND ENCOURAGE FOOD REDISTRIBUTION.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$1,220,795 INCLUDING GRANTS OF \$0)(REVENUE )  CLIMATE AND RESEARCH: BECAUSE FOOD BANKING ORGANIZATIONS SOURCE FOOD FROM NUTRITIOUS FOOD SURPLUSES, FOOD BANKING HAS GAINS FOR BOTH PEOPLE AND PLANET. IN FY2024, GFN MEMBERS WERE ESTIMATED TO AVOID 1.8M TONS OF CO2E EMISSIONS, THE EQUIVALENT OF TAKING 400,000 CARS OFF THE ROAD. TO BETTER UNDERSTAND THE OPPORTUNITY TO MITIGATE AND ADAPT TO CLIMATE CHANGE THROUGH FOOD BANKING, GFN BEGAN AN EFFORT IN FY2024 TO DEVELOP A SPECIFIC METHODOLOGY TO MEASURE FOOD BANKING'S ENVIRONMENTAL FOOTPRINT, WITH A FOCUS ON THE ROLE IT CAN PLAY IN MITIGATING METHANE EMISSIONS. THIS METHODOLOGY WAS ALSO PILOTED AT FOOD BANKING ORGANIZATIONS IN ECUADOR AND MEXICO.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$948,630 INCLUDING GRANTS OF \$885,666)(REVENUE )  DISASTER RESPONSE: GFN ALSO HELPS FOOD BANKS RESPOND TO NATURAL DISASTERS AND EMERGENCIES WITH SPECIALIZED TECHNICAL ASSISTANCE, ADVISING MEMBERS THROUGH DISASTER RESPONSE PLANS AND PROVIDING FINANCIAL SUPPORT. LAST YEAR, OUR FOOD BANK PARTNERS PROVIDED FOOD, SUPPLIES, AND CRITICAL SUPPORT TO THEIR COMMUNITIES IN TIMES OF EMERGENCY LIKE FLOODING IN BRAZIL, GHANA, AND KENYA, CLIMATE-INDUCED FAMINE IN MADAGASCAR, AND WILDFIRES IN LATIN AMERICA, AMONG OTHERS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$752,915 INCLUDING GRANTS OF \$275,000)(REVENUE )  AGRICULTURAL RECOVERY: TO INCREASE ACCESS TO NUTRITIOUS FOOD, IN FY2024 GFN CONTINUED INVESTMENTS IN 10 MARKETS TO BUILD SURPLUS RECOVERY FROM FRUIT AND VEGETABLE GROWERS. THIRTY-FIVE MILLION KILOGRAMS OF PRODUCE WERE RECOVERED THROUGH AGRICULTURAL RECOVERY PROGRAMS, WHICH PREVENTS FRUITS AND VEGETABLES FROM BEING LOST ON-FARM OR POSTHARVEST.

Return Reference - Identifier	Explanation
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>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>A DRAFT OF THIS FORM 990 WAS INITIALLY PREPARED BY THE FINANCE AND ADMINISTRATION, SENIOR DIRECTOR. THE DRAFT WAS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER (CFO) AND THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, WHICH IN CONSULTATION WITH THE CFO MADE SUCH REVISIONS TO THE DRAFT AS IT CONSIDERED APPROPRIATE. THE DRAFT RESULTING FROM THAT REVIEW WAS CIRCULATED TO THE CORPORATION'S EXECUTIVE TEAM, THE CORPORATION'S GENERAL COUNSEL, AND THE AUDIT COMMITTEE. THEIR COMMENTS WERE THEN CONSIDERED BY THE CFO AND REFLECTED IN A REVISED DRAFT AS THE CFO, IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, CONSIDERED APPROPRIATE. A DRAFT RESULTING FROM THIS PROCESS WAS THEN DISCUSSED BY THE AUDIT COMMITTEE AT A MEETING HELD ON OCTOBER 30, 2024 ALSO ATTENDED BY THE CFO, FINANCE AND ADMINISTRATION SENIOR DIRECTOR, 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 NOVEMBER 12, 2024</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO THE CORPORATION'S DIRECTORS, KEY EMPLOYEES AND ANY CORPORATE OFFICERS WHO ARE NOT KEY EMPLOYEES. THEY ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, 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>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>IN MARCH 2024, AN EXTERNAL CONSULTING FIRM HIRED AT THE DIRECTION OF THE STEERING COMMITTEE, CONDUCTED A MARKET STUDY WHICH 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 FORMS 990 OF IDENTIFIED PEER ORGANIZATIONS. THE CEO'S SALARY IS DETERMINED BASED ON THIS DATA AND GFN'S EXECUTIVE COMPENSATION PHILOSOPHY.</p> <p>THE BOD MEETS IN EXECUTIVE SESSION AND REVIEWS THE CEO SALARY RECOMMENDED BY THE STEERING COMMITTEE.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE PROCESS TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S CFO, VP PROGRAMS, VP DEVELOPMENT, AND VP COMMUNICATIONS IS THE SAME PROCESS USED TO ESTABLISH COMPENSATION FOR THE CEO AS DESCRIBED IN THE NARRATIVE TO FORM 990, PART VI, LINE 15A</p>
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	<p>CA, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>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.</p>

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<b>(a)</b> Description	<b>(b)</b> Total Expenses	<b>(c)</b> Program Service Expenses	<b>(d)</b> Management and General Expenses	<b>(e)</b> Fundraising Expenses
	STATE REGISTRATION PREPARATION	6,415			6,415
	GRAPHIC DESIGN	72,141	72,141		
	TRANSLATION	77,919	77,319		600
	EXECUTIVE SEARCH	160,028	5,683	154,345	
	TEMPORARY HELP	79,239		79,239	
	PAYROLL AND PEO FEES	106,833	93,202	6,762	6,869
	CONFERENCE AND TRAINING EVENTS	81,911	71,911	10,000	
	PHOTOGRAPHY	79,369	76,279	3,090	
	EXECUTE MASTER PARTNERSHIP STRATEGY	224,500			224,500
	LATIN AMERICA CONSULTANTS	132,273	132,273		
	INFRASTRUCTURE AND OPERATIONS	74,259	74,259		
	CONSULTING PROJECTS IN SOUTH ASIA	210,396	210,396		
	PRODUCT SOURCING CAPACITY BUILDING	13,750	13,750		
	KNOWLEDGE MANAGEMENT STRATEGY	149,200	149,200		
	CLIMATE & RESEARCH CONSULTANTS	336,473	336,473		
	GLOBAL STRATEGY & ENGAGEMENT	48,460	16,460	32,000	
	ASIA PACIFIC CONSULTANTS	30,000	30,000		
	CONSULTING PROJECT IN AFRICA/ME	61,000	61,000		
	MEDIA PARTNERSHIPS AND COMMUNICATION CONSULTANT	168,940	158,282		10,658
	OTHER HR AND ADMINISTRATION CONSULTING	136,945		136,945	
COMPENSATION BENCHMARKING	26,160		26,160		
<b>Total</b>	<b>2,276,211</b>	<b>1,578,628</b>	<b>448,541</b>	<b>249,042</b>	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<b>(a)</b> Description				<b>(b)</b> Amount
	GRANT CURRENCY TRANSLATION GAIN				89,860
	GRANT ADJUSTMENT				40,000






# FY24 Form 990 - Public version

Final Audit Report

2024-11-13

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