PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the 2	024 calend	dar year, or tax year beginning 07/01 , 2024, and endir	ng 06/3	80	, 20 25		
В	Check if a	pplicable:	C Name of organization THE GLOBAL FOODBANKING NETWORK		D Emplo	yer identification number		
	Address c	hange	Doing business as			20-4268851		
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number		
	Initial retur	'n	70 E. LAKE STREET	1200		(312) 782-4560		
	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return	CHICAGO, IL 60601		G Gross	receipts \$ 15,314,826		
$\overline{\Box}$	Application	n pending	F Name and address of principal officer: LISA J. MOON	H(a) Is this a gro	oup return fo	r subordinates? Yes V No		
			SAME AS C ABOVE	1		es included? Yes No		
ī	Tax-exem	ot status:	✓ 501(c)(3)	If "No," a	attach a lis	t. See instructions.		
J	Website:	WWW.FC	OODBANKING.ORG	H(c) Group e	xemption :	number		
ĸ	Form of org	ganization:	Corporation Trust Association Other L Year of form			of legal domicile:		
$\overline{}$	art I	Summa						
	1 E		cribe the organization's mission or most significant activities: THE G	SLOBAL FOODB	ANKING	NETWORK (GFN)		
æ	1	REDUCING						
au			S AND WASTE, (CONTINUED ON SCHEDULE O)					
ē			box if the organization discontinued its operations or disposed	of more than 25	% of its	net assets.		
Š	1		voting members of the governing body (Part VI, line 1a)		3	15		
∞			independent voting members of the governing body (Part VI, line 1b		4	15		
ies	1		per of individuals employed in calendar year 2024 (Part V, line 2a)		5	50		
Activities & Governance	1		per of volunteers (estimate if necessary)		6	19		
Act	1		ated business revenue from Part VIII, column (C), line 12		7a	0		
-			ed business taxable income from Form 990-T, Part I, line 11		7b	0		
				Prior Yea		Current Year		
4	8 (Contributio	ons and grants (Part VIII, line 1h)	14.1	32,111	12,872,718		
n	1		ervice revenue (Part VIII, line 2g)	,	,	18,700		
Revenue	1	•	income (Part VIII, column (A), lines 3, 4, and 7d)	2	96,695	182,776		
æ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		759	845		
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14.4	29,565	13,075,039		
			I similar amounts paid (Part IX, column (A), lines 1–3)		28,712	6,489,035		
	1		aid to or for members (Part IX, column (A), line 4)					
s	4- 6	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)	7,1	67,679	6,728,107		
Expenses	16a F		al fundraising fees (Part IX, column (A), line 11e)		0			
<u>pe</u>	b T		aising expenses (Part IX, column (D), line 25) 1,588,720					
ũ	17 (enses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,8	70,433	3,591,366		
		-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,5	66,824	16,808,508		
	1	-	ess expenses. Subtract line 18 from line 12		37,259)	(3,733,469)		
o s			·	Beginning of Curr	ent Year	End of Year		
sets	20 T	otal asset	s (Part X, line 16)	14,2	93,051	10,680,349		
ASS	21 T	otal liabili	ties (Part X, line 26)	1,4	23,559	1,384,881		
Net Assets or Fund Balances	22 N	let assets	or fund balances. Subtract line 21 from line 20	12,8	69,492	9,295,468		
	art II	Signatu	re Block		•			
			I declare that I have examined this return, including accompanying schedules and sta			ny knowledge and belief, it is		
tru	e, correct,	0.	e. Declaration of preparer (other than officer) is based on all information of which prepar	rer has any knowled	lge.			
	1	aisa f	Mar S	1	2-16-2025			
Si	gn	Signature	of officer	Dat	е			
Не	ere	LISA MO	ON, PRESIDENT AND CEO					
		Type or pr	int name and title					
D-		Print/Type		Date	Check] if PTIN		
Pa		GINA AR	DILLO GINA ARDILLO 1	1/12/2025	self-emp	_		
	eparer	Firma's non		Firm's	EIN	35-0921680		
US	se Only	Firm's add				(954) 202-8600		
Ma	y the IRS		this return with the preparer shown above? See instructions			. V Yes No		
_			· · ·	No. 11282Y		Form 990 (2024)		

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. [
1	Briefly describe the organization's mission: TO 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?	✓ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$9,631,318 including grants of \$5,805,650) (Revenue \$8,700 (SEE ON SCHEDULE O))
4b	(Code:) (Expenses \$ 1,056,129 including grants of \$ 521,385) (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. THE PROGRAM PROVIDES TECHNICAL AND FINANCIAL SUPPORT, MENTORING, PEER-TO-PEER CONNECTIONS	
	AND FELLOWSHIP EXCHANGES, AND PARTNERSHIP OPPORTUNITIES THAT MIGHT OTHERWISE BE UNAVAILABLE TO PARTNERS ESTABLISHING OPERATIONS IN AREAS WHERE THE FOOD BANKING MODEL IS RELATIVELY UNKNOWN.	
	CURRENTLY, THE ACCELERATOR SUPPORTS TWO COHORTS. THE NEWEST COHORT CONSISTS OF THREE FOOD BANKS	
	IN SOUTHEAST ASIA (INDONESIA, MALAYSIA AND THE PHILIPPINES) AND FIVE FOOD BANKS IN AFRICA (COTE	
	D'IVOIRE, DEMOCRATIC REPUBLIC OF CONGO, ETHIOPIA, MADAGASCAR AND MAURITIUS). TOGETHER, THAT COHORT INCREASED THE NUMBER OF PEOPLE REACHED BY 20% IN 2024.	
4c	(Code:) (Expenses \$ 1,654,901 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 FY2025, GFN UNITED ITS NETWORK TO INCREASE UNDERSTANDING	
	ABOUT THE IMPORTANCE OF CONNECTING FOOD SURPLUS WITH THOSE FACING HUNGER 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 FOO REDISTRIBUTION. IN FY2025, THE ATLAS PROMOTED AND ENCOURAGED IMPROVED FOOD DONATION LEGISLATION IN BRAZIL, ECUADOR, FRANCE, MEXICO, PERU, SINGAPORE, SOUTH KOREA AND VIETNAM.	
4d	Other program services (Describe on Schedule O.)	
-t u	(Expenses \$ 1,311,598 including grants of \$ 162,000) (Revenue \$ 0)	

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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? If "Yes," complete Schedule D, Part VII	11b		,
С	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>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		'
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	<i>'</i>	V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
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? If "Yes," complete Schedule F, Parts I and IV	14b	/	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
			000	

Part	V Checklist of Required Schedules (continued)		•	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
	, ,	24a		~
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
b	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		~
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
28	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).			•
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		\ \
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		\ \
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		٧
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	_	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		V
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		<i>'</i>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(a)(12) experimentations. Enter:			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C 1/10	Enter the amount of reserves on hand	1/10		V
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		_
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. 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?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 15 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 15 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 ~ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 1 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, (CONTINUED ON SCHEDULE O) 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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.

(C)

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	box,	unles er an	heck ss pe	erson	e than o	n an	Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LISA J. MOON	40.0									
PRESIDENT AND CEO				~				443,832	0	7,707
(2) MICHAEL OKO	40.0									
VP, COMMUNICATIONS & MARKETING				~				216,817	0	34,557
(3) DOUGLAS L. O'BRIEN	40.0									
VICE PRESIDENT, PROGRAMS, ASST. SECRETARY (UNTIL DECEMBER 2024)				~				218,208	0	27,271
(4) VICKI CLARKE	40.0									
VICE PRESIDENT, DEVELOPMENT, SECRETARY				~				222,637	0	13,596
(5) CHRISTOPHER REBSTOCK	40.0									
CANADA, EUROPE, AND SOUTH ASIA PROGRAM DIRECTOR						~		172,745	0	17,516
(6) JENNIFER WRIGHT	40.0									
COMMUNICATIONS SENIOR DIRECTOR						~		150,253	0	30,646
(7) VANESSA GUTIERREZ	40.0									
CHIEF FINANCIAL OFFICER, TREASURER				~				159,755	0	17,329
(8) SHAMIR SHAHI	40.0									
CHIEF OF STAFF						~		164,068	0	8,805
(9) ANTHONY KITCHEN	40.0									
FIELD AND KNOWLEDGE SERVICES SENIOR DIRECTOR		1				V		153,286	0	15,691
(10) MATTHEW ECKFORD	40.0									
MULTI-STAKEHOLDER PARTNERSHIPS SENIOR DIRECTOR		1				~		142,524	0	17,526
(11) SACHIN GUPTA	1.5									
CHAIRMAN	T	~		~				0	0	0
(12) CAROL CRINER	1.5									

v

1.0

1.0

Form **990** (2024)

0

0

CHAIRMAN (PARTIAL YEAR)

DIRECTOR (PARTIAL YEAR)

(13) KUMIKO WATANABE

VICE CHAIRMAN

(14) BRIAN GREENE

0

0

0

0

0

Part \	II Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (contir	nued)
	•				(0	C)								
	(A)	(B)				ition			(D)	(E)			(F)	
	Name and title	Average	١,				e than o		Reportable	Reportable		Estima	ited am	ount
	Name and the	hours					is both or/trust		compensation	compens		1	f other	ount
		per week			_	_		—	from the	from rel			pensati	on
		(list any hours for	di di	stitu	Officer	Key employee	nplo	Former	organization (W-2/ 1099-MISC/	1099-M		1	om the ization	and
		related	dua	ltio	۳ ا	mp	st c	욕	1099-NEC)	1099-N		related		
		organizations below	7 7	า <u>al</u> t		loye	9							
		dotted line)	Individual trustee or director	Institutional trustee		ď	Dens							
				ee			Highest compensated employee							
(15)	AROL BELLAMY	1.0												
DIREC		1.0	·						0		0	0		
	HRISTINE SHEEHAN	0.5							0		0			
	FOR (PARTIAL YEAR)	0.5	·						0		0			0
	R. WANJIRU KAMAU-RUTENBERG	1.0							0		- 0			
DIREC		1.0	·						0		0			0
		1.0							0					
	ATMA SAMOURA FOR (PARTIAL YEAR)	1.0	·						0		0			0
	,	1.0	-						0		0			0
DIREC	ONZALO MUNOZ	1.0	·						0		0			0
	ACQUES VANDENSCHRIK	1.0	· ·						0		- 0			
DIREC		1.0	·						0		0			0
	OSEPH GITLER	1.0	-						0		- 0			
		1.0	·						0		0			0
	FOR (PARTIAL YEAR)	0.5	-						0		0	0		0
	JAN JOSE FREIJO	0.5	٠,								0			0
DIRECT		4.0	-						0		0			0
	JLIE YURKO	1.0									0			0
DIRECT		4.0	~						0		0			0
	EITH WILLLIAMS	1.0									0			0
DIREC			~						0		0			0
(25) (SEE PART VII CONTINUATION SHEET)		-											
	0.1.1.1.1								0.044.405			100.04		0.044
	Subtotal	 ./// 0		•	•	•		•	2,044,125		0		19	0,644
	Total from continuation sheets to Part	•		•	•	•		•	0		0		40	0
	Total (add lines 1b and 1c) Total number of individuals (including bu	 t not limitor			·	tod			2,044,125	a than C1	0 000	of.	19	0,644
	reportable compensation from the organ		ו נט נו	1056	: 1151	leu	above	3) VV		e man pr	00,000	OI		
	reportable compensation from the organ	ızatıorı							19				V	NI-
•	Did the evacuiration list only farmer	officer dire	t - r	٠	.ata	<u> </u>			lavas ar birdas	+	naatad		Yes	No
	Did the organization list any former of employee on line 1a? If "Yes," complete to							прі		-	nsated			
											 	3		/
	For any individual listed on line 1a, is the organization and related organizations													
	individual	greater til	ан ф	150,	,000): 1	1 16.	٥,	complete sched	iule J 10	Sucii			
					+:an	•					 اندناماییما	4	~	
	Did any person listed on line 1a receive of for services rendered to the organization													
		: 11 165, 0	σπρι	ele	SCI	ieui	ile J i	OI S	sucri persori .			5		
	n B. Independent Contractors		onoot	- d	ind	200	n d n n t		ntractors that w	a a a iu a d		than f	100.00	00 of
	Complete this table for your five high compensation from the organization. Rep													
	(A) (B) (C) Name and business address Description of services Compensation													
APERIO	PHILANTHROPY, 175 PEARL STREET, 1ST	FLOOR, #55	, BRO	OKL'	YN,	NY ·	11201	EXE	CUTE MASTER PARTNERSH	IIP STRATEGY			20	7,000
	UGH CONSULTING PVT. LTD., BUILDING NO. 30, 3RD FLOOR, COMMUNI							-	NSULTING PROJECTS IN					8,408
INTUITI	ON PUBLISHING INC., 183 MADISON AVENUE	, SUITE 1101	I, NEW	/ YO	RK.	NY	10016	-	IGN AND CONSULT ON TECHNOLOG					4,200

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a					
ani	b	Membership dues			1b					
اع ق	С	Fundraising events			1c					
fts,	d	Related organization	ns .		1d					
<u></u>	е	Government grants			1e					
Sin	f	All other contribution								
utio		and similar amounts no			1f	12,872,718				
<u>ë</u> ∌	g	Noncash contribution								
Contributions, Gifts, Grants, and Other Similar Amounts		lines 1a–1f			1g					
9 C	h	Total. Add lines 1a-	-1f .		•		12,872,718			
o l	•	00115555105 5501	OTD 4	TION DEVE		Business Code	40.700	40.700		
Ş	2a	CONFERENCE REGI	SIRA	TION REVE	NUE	900099	18,700	18,700		
gram Ser Revenue	b									
Z = N	c d									
gra	e									
Program Service Revenue	f	All other program se					0	0	0	0
-	g	Total. Add lines 2a-					18,700		,	
	3	Investment income	(incl	luding divid	dends	s, interest, and	,			
		other similar amoun					106,563			106,563
	4	Income from investr	nent (of tax-exem	pt bo	nd proceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)			0	0				
	_d	Net rental income o	r (los:	1		(i) Other				
	7a	Gross amount from sales of assets		(i) Securit	ies	(ii) Other				
		other than inventory	7a	2,31	6,000					
a)	b	Less: cost or other basis	1 a							
ğ	-	and sales expenses .	7b	2.23	9,787					
Revenue	С	Gain or (loss)	7c		6,213	0				
		Net gain or (loss)		1			76,213			76,213
Other		Gross income from								
δ		events (not including	\$							
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	C	Net income or (loss)			g eve	nts				
	9a	Gross income f activities. See Part I			9a					
	h	Less: direct expens			9a 9b					
		Net income or (loss)								
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)				ory				
SI						Business Code				
eon	11a	MISCELLANEOUS R	EVEN	UE		900099	845			845
scellaneo Revenue	b									
cell lev	С									
Miscellaneous Revenue	d	All other revenue			-		0	0	0	0
_	e	Total. Add lines 11a					845			
	12	Total revenue. See	instr	uctions .			13,075,039	18,700	0	183,621

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 .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	·
	and domestic governments. See Part IV, line 21 .	204,357	204,357		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,284,678	6,284,678		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,412,627	960,693	142,816	309,118
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,168,816	2,779,364	628,555	760,897
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	156,045	127,625	19,230	9,190
9	Other employee benefits	645,772	505,157	65,515	75,100
10	Payroll taxes	344,847	208,387	58,013	78,447
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	60,665		60,665	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	1,404,601	994,954	203,826	205,821
12	Advertising and promotion	177,680	177,680		
13	Office expenses	44,516	29,568	7,616	7,332
14	Information technology	177,403	117,833	30,350	29,220
15	Royalties	477.047	444.000	00.740	20.020
16 17	Occupancy	177,217 886,653	114,638 675,105	23,743	38,836 15,110
18	Travel	000,000	675,105	190,436	15,110
19	Conferences, conventions, and meetings .	331,110	252,110	73,357	5,643
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	54,912	43,593	4,293	7,026
23	Insurance	28,770	18,535	5,349	4,886
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OTHER OPERATING EXPENSES	247,839	159,669	46,076	42,094
b		,	22,020	,	,
c					
d					
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	16,808,508	13,653,946	1,565,842	1,588,720
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	3,989,092	1	4,911,111
2	F	2,715,448	2	1,105,693
3	Pledges and grants receivable, net	6,712,408	3	4,078,386
4		0,712,400	4	4,070,300
5	, and the second se	0	7	
"	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0	5	0
6		0	3	0
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ဖ္ 7		0	7	0
Assets	Inventories for sale or use		8	
Ass	F	330,159	9	186,074
10		330,139	9	100,074
'	basis. Complete Part VI of Schedule D 10a 317,610			
	b Less: accumulated depreciation 10b 233,553	133,180	10c	84,057
11	Investments—publicly traded securities	0	11	20,547
12	· · ·	0	12	20,347
13	F	0	13	0
14	·	0	14	U
15	Other assets. See Part IV, line 11	412,764	15	294,481
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,293,051	16	10,680,349
17	Accounts payable and accrued expenses	938,033	17	690,493
18	Grants payable	112,000	18	459,375
19	Deferred revenue	4,700	19	459,579
20	Tax-exempt bond liabilities	4,700	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
			<u> </u>	
ţi.	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	0	22	0
E 23		368,826	23	235,013
24	· · · · · · · · · · · · · · · · ·	000,020	24	200,010
25	Other liabilities (including federal income tax, payables to related third			
-	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	1,423,559	26	1,384,881
	Organizations that follow FASB ASC 958, check here	., :==,		1,001,001
စ္ခ	and complete lines 27, 28, 32, and 33.			
<u>E</u> 27	Net assets without donor restrictions	3,688,045	27	3,236,267
m 28		9,181,447	28	6,059,201
ם	Organizations that do not follow FASB ASC 958, check here	2,121,111		2,200,201
교	and complete lines 29 through 33.			
Net Assets or Fund Balances			29	
st 30	· · · · · · · · · · · · · · · · · · ·		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds.		31	
¥ 32		12,869,492	32	9,295,468
Ž 33		14,293,051	33	10,680,349
		,===,==		Form 990 (2024)

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Part	XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI					~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			13,07	5,039
2	Total expenses (must equal Part IX, column (A), line 25)	2			16,80	8,508
3	Revenue less expenses. Subtract line 2 from line 1	3		(3,733,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12,86	9,492
5	Net unrealized gains (losses) on investments	5			(34	1,306)
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			19	3,751
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			9,29	5,468
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	nloin				
	Schedule O.	μιαιιι	011			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	~	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	-	- 1			
	separate basis, consolidated basis, or both.					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplair	n on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		.	За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b		

Form **990** (2024)

Part VII

(A) Name and Title	(B) Average hours		(Che	C) Po	ositior	า ply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) LINDA NAGEOTTE	0.5	./						0	0	0
DIRECTOR		•						O	0	U
(26) MARTIN BURT	0.5	/						0	0	0
DIRECTOR		•						0	0	O
(27) MELISSA HO	0.5	1						0	0	0
DIRECTOR		•						O	0	U
(28) MILDRED NADAH PITA	0.5	./						0	0	0
DIRECTOR		•						O	0	U
(29) PAUL HENRYS	1.0	./						0	0	0
DIRECTOR (PARTIAL YEAR)		•						0	0	U
(30) SHENGGEN FAN	1.0	/						0	0	0
DIRECTOR		٧						U	0	U
(31) TOM ARNOLD	1.0	1						0	0	0
DIRECTOR		•						U	0	U

SCHEDULE A (Form 990)

Department of the Treasury

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization THE GLOBAL FOODBANKING NETWORK 20-4268851 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₈% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E) **Total**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 14,132,111 23.174.389 16.402.606 15.869.051 12.872.718 82,450,875 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 23.174.389 16.402.606 15.869.051 4 14.132.111 12.872.718 82.450.875 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20,726,693 **Public support.** Subtract line 5 from line 4 61,724,182 Section B. Total Support **(b)** 2021 (c) 2022 (d) 2023 Calendar year (or fiscal year beginning in) (a) 2020 (e) 2024 (f) Total 23,174,389 7 16,402,606 15,869,051 Amounts from line 4 14,132,111 12,872,718 82,450,875 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 23,600 8,620 166,311 195,639 106,563 500,733 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,637 2,659 3,803 845 9,703 82,961,311 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 34.418 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 74.40 % Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

Schedule A (Form 990) 2024

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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.)

Secti	on A. Public Support	diadi tilo to	oto notoa ben	ow, piedoe ee	ompioto i art	,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2020	(5) 2021	(0) 2022	(a) 2020	(6) 2024	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support		•		•		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch					16	%
	on D. Computation of Investment Inc				(f)\	4-	
17	Investment income percentage for 2024 (•	. ,,		<u>%</u>
18	Investment income percentage from 2023 331/3% support tests—2024. If the organ						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2023. If the organiz		_	-		_	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .						

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 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.)

Se

Secti	on A. All Supporting Organizations		2.5			
			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by					
	class or purpose, describe the designation. If historic and continuing relationship, explain.					
2	Did the organization have any supported organization that does not have an IRS determination of status	1				
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported					
	organization was described in section 509(a)(1) or (2).					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer					
	lines 3b and 3c below.					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the					
	organization made the determination.	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)					
40	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c				
4a	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)					
	purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).					
		5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с				
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>	6				
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? If "Yes," complete Part I of Schedule L (Form 990).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line					
0-	7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Ja				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
С	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? If "Yes," provide detail in Part VI .	9c				
10a						
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated					
_	supporting organizations)? If "Yes," answer line 10b below.	10a				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b				

10b

Part	IV Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
04	provide detail in Part VI .	11c		
Secti	ion B. Type I Supporting Organizations		Voc	No
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	\square The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported ergonizations? If "Yes" or "No." provide details in Part VI			
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

				9
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Secti	ons A through E.
Sec	tion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7	emergency temporary reduction (see instructions).	6 ally i	integrated Type III suppor	ting organization
	- I - CHOOK HOLD II HID CUHTCHEVEGI 13 HID VIUGHIZAHVII 3 III 31 A3 A HUHFILHIGHUHA	ALIV I	IIICAIAICA IVDE III SUUDDI	una viaanizalivii

Schedule A (Form 990) 2024

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D—Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3i and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024

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.)

Part VI

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

Return Reference - Identifier	Explanation							
SCHEDULE A, PART II,	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
LINE 10 - OTHER INCOME	(1) CREDIT CARD REWARDS	1,637	2,364	3,803	759	845	9,408	
	(2) OTHER REVENUE	0	295	0	0	0	295	
	Total	1,637	2,659	3,803	759	845	9,703	

Schedule B (Form 990)

(Rev. January 2025)
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

Name of the organization **Employer identification number** 20-4268851 THE GLOBAL FOODBANKING NETWORK Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

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).

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Name of organization

THE GLOBAL FOODBANKING NETWORK

20-4268851

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$500,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution			
2		\$ 925,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$ 1,200,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution			
4		\$ 489,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ 3,954,361	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$ 501,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

THE GLOBAL FOODBANKING NETWORK

20-4268851

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person ~ **Payroll** 356,185 Noncash (Complete Part II for noncash contributions.) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Person ~ **Payroll** 1,891,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
THE GLOBAL FOODBANKING NETWORK

Employer identification number 20-4268851

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from **FMV** (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization

THE GLOBAL FOODBANKING NETWORK

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

		ions completing Par e year. (Enter this in	t III, enter the to formation once.	r. Complete columns (a) through (e) and tall of exclusively religious, charitable, etc., See instructions.) \$	
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
Part I					
-	Transferee's name, address, ar	nd ZIP + 4	Relati	ionship 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) Trans Transferee's name, address, and ZIP + 4			onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use (of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	pose of gift (c) Use o		(d) Description of how gift is held	
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee		

SCHEDULE D (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name o	of the organization		Employer identification number
THE C	SLOBAL FOODBANKING NETWORK		20-4268851
Pai	Organizations Maintaining Donor Advisor Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets h	eld in donor advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	nd donor advisors in writing that grant tof the donor or donor advisor, or for	nt funds can be used or any other purpose
Par	t II Conservation Easements		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreated)		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservation contribution	
	, ,		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
_	on a historic structure listed in the National Register		Zu
3	Number of conservation easements modified, tran the organization during the tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega violations, and enforcement of the conservation eas		=
6	Staff and volunteer hours devoted to monitoring, conservation easements during the year	inspecting, handling of violations, a	and enforcing
7	Amount of expenses incurred in monitoring, ins	specting, handling of violations, a	nd enforcing
	conservation easements during the year		\$
8	Does each conservation easement reported on line		
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the footi	_	atements that describes the
	organization's accounting for conservation easemer		
Par		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FASI	·	
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or re	esearch in furtherance of public service
	(i) Revenue included on Form 900 Part VIII line 1		\$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		Ψ
2	If the organization received or held works of art,	historical treasures or other similar	· assets for financial gain, provide the
_	following amounts required to be reported under FA		access for infariour gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		\$
h	Assets included in Form 990 Part X		\$

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	Part	III Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar /	Assets (continued)
b Scholarly research e Other	3		ssion, and other reco	ds, check any of the	e following that make	e significant use of its
b Scholarly research e Other	а	☐ Public exhibition	d	Loan or exchang	e program	
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 No Twest No No No No No No No N	b	Scholarly research				
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?	С	☐ Preservation for future generations				
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.	4		s collections and expla	ain how they further	the organization's ex	empt purpose in Part
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?	5					
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? Seginning balance	Part	IV Escrow and Custodial Arrange	ments			
included on Form 990, Part X? Beginning balance Beginning balance Amount Beginning balance Beginning of year balance Board designated or quasi-endowment Beginning of year balance Board designated or ganizations Board designated or ganizations Board designated or ganizations Board Beginning of year balance Board Beginning of year balance B		990, Part X, line 21.				
c Beginning balance	1a	included on Form 990, Part X?				
a Beginning balance	b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						Amount
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In 8 organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In 8 organization answered "Yes" on Form 990, Part IV, line 10. Part V	С				 	
f Ending balance .	d	= -			 	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е				 	
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.	f					
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions		<u> </u>				-
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four yea			II. Check here if the ex	xplanation has been	provided in Part XIII	<u> </u>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Par		107 " =	000 5 187 5	40	
Beginning of year balance		· · · · · · · · · · · · · · · · · · ·				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Perrovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related 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 (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 43,082 4,0535 2,547 d Equipment Cother 122,605 65,105 57,500 e Other 151,923 127,913 24,010			Current year (b) Pri	or year (c) I wo year	s back (d) Three years b	ack (e) Four years back
c Net investment earnings, gains, and losses	_					
d Grants or scholarships		<u> </u>				
d Grants or scholarships	С					
e Other expenditures for facilities and programs						
f Administrative expenses		· · · · · · · · · · · · · · · · · · ·				
f Administrative expenses	е					
g End of year balance						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		-				
a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value to Buildings c Leasehold improvements 43,082 40,535 2,547 d Equipment 122,605 65,105 57,500 e Other 151,923 127,913 24,010				- /lin - 1 luurum /-	\\	
b Permanent endowment				e (line 1g, column (a)) rieid as:	
c Term endowment		5				
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Schedule R? (iv) Schedule R? (iv) Schedule R? (iv) Unrelated organization and in the possession of the organization on Schedule R? (iv) Unrelated organizations? (iv) Schedule R? (iv)						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?	C		aculd agual 100%			
Organization by: Yes No	32			zation that are held	and administered for	the
(i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Description of property tall Land b Buildings c Leasehold improvements c Leasehold improvements d Equipment d Equipment 122,605 e Other 151,923 127,913	oa		ssession of the organi	zation that are neid	and administered for	
(ii) Related organizations?		•				
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 (other) (c) Accumulated depreciation (d) Book value (n) Buildings		.,				
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 (other) (c) Accumulated depreciation (d) Book value depreciation (investment) (investment) (other) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (d) Book value (other) (d) Book value (other) (d) Book value (other) (oth	h					
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 43,082 40,535 2,547 d Equipment 122,605 65,105 57,500 e Other 151,923 127,913 24,010	_	. , ,	-			. 30
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation				Willett fullus.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	ı are			m 990 Part IV line	e 11a See Form 99	0 Part X line 10
1a Land (investment) (other) depreciation b Buildings Standard Standard Standard c Leasehold improvements 43,082 40,535 2,547 d Equipment 122,605 65,105 57,500 e Other 151,923 127,913 24,010						
b Buildings <		besorption of property		` '	` '	(d) Book value
b Buildings <		l and				
c Leasehold improvements 43,082 40,535 2,547 d Equipment 122,605 65,105 57,500 e Other 151,923 127,913 24,010	_					
d Equipment 122,605 65,105 57,500 e Other 151,923 127,913 24,010		3		43 082	40 535	2 547
e Other	_					
		• •			•	
			⊥ egual Form 990. Part 2			· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) (Rev. 1-2025)

			- 1 10 3	990 Pari & line 17
	Complete if the organization answered "Yes" on Form (a) Description of security or category (including name of security)	(b) Book value	(c) Met	nod of valuation: -of-year market value
(1) Financia	derivatives			·
	neld equity interests			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
r art viii	Complete if the organization answered "Yes" on Form	m 990 Part IV line	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		hod of valuation:
	(a) Decomposition of investment	(b) Book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	000 D+ IV II	- 44-l O F	000 D-st V line 45
	Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, IIn	e 11a. See Form	(b) Book value
(4)	(a) Description			(b) book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))			0
	r uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	n's financial stateme	

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

•

Page 4

Part			•	Return	
	Complete if the organization answered "Yes" on Form 990,			1	12 404 477
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	13,401,477
		2a	(24.206)		
a	Net unrealized gains (losses) on investments	2b	(34,306) 166,993	-	
b	Recoveries of prior year grants	2c	100,993	-	
c d	Other (Describe in Part XIII.)		193,751	-	
u e	Add lines 2a through 2d			2e	326,438
3	Subtract line 2e from line 1			3	13,075,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i			10,070,000
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		0	-	
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	13,075,039
Part					
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	16,975,501
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	166,993		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	166,993
3	Subtract line 2e from line 1			3	16,808,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information	ne 18.) .		5	16,808,508
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part TATEMENT				

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	(a) Description	(b) Amount
	GAIN/(LOSS) ON CURRENCY EXCHANGE	193,751
	TOTAL	193,751
990		

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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.
	GFN FOLLOWS GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS, AS GFN HAS HAD NO UNRELATED BUSINESS INCOME.
	MANAGEMENT BELIEVES GFN HAS NO MATERIAL UNRECOGNIZED INCOME TAX 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, 2025 AND 2024. GFN DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.

SCHEDULE F (Form 990)

(Rev. January 2025)

Part I

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GLOBAL FOODBANKING NETWORK

20-4268851 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 other assistance, the grante award the grants or assistan	es' eligibility	for the gran			✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal 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		170,000
(2)	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		162,635
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		3,373,719
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		5,100
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		880,450
(6)	SOUTH AMERICA	0	0	GRANTMAKING		671,500
(7)	SOUTH ASIA	0	0	GRANTMAKING		451,275
(8)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		569,999
(9)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CAPACITY BUILDING	22,552
(10)	EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	CAPACITY BUILDING	561,435
(11)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	5	PROGRAM SERVICES	CAPACITY BUILDING	306,047
(12)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CAPACITY BUILDING	12,176
(13)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	4	PROGRAM SERVICES	CAPACITY BUILDING	287,440
(14)	SOUTH AMERICA	0	18	PROGRAM SERVICES	CAPACITY BUILDING	828,819
(15)	SOUTH ASIA	0	3	PROGRAM SERVICES	CAPACITY BUILDING	348,318
(16)	SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	CAPACITY BUILDING	216,682
(17)						
3a	Subtotal	0	37			8,868,147
b	sheets to Part I	0	0			0
	Totals (add lines 3a and 3b)	0	37			8,868,147

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

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

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)
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
(1)					59,500				
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
(2)			5.05.404.445		50,000				
(3)			EAST ASIA AND THE PACIFIC	FIELD SERVICES	100,000	WIRE TRANSFER			
			EAST ASIA AND	FIELD SERVICES		WIRE TRANSFER			
(4)			THE PACIFIC		21,250				
(5)			EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	46,000	WIRE TRANSFER			
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
(6)					125,000				
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
(7)					25,000				
, _,			SOUTH AMERICA	FIELD SERVICES	40,000	WIRE TRANSFER			
(8)			OOLITIL AMERICA	FIELD OFFICE	10,000	WIDE TO MICEED			
(9)			SOUTH AMERICA	FIELD SERVICES	15,000	WIRE TRANSFER			
(-,			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
10)					50,000				
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
11)					17,000				
			NORTH AMERICA (CANADA & MEXICO	FIELD SERVICES		WIRE TRANSFER			
12)			ONLY)		125,000				
13)			NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	5,000	WIRE TRANSFER			
			SOUTH AMERICA	FIELD SERVICES		WIRE TRANSFER			
14)					30,000				
15)			SOUTH AMERICA	FIELD SERVICES	200,000	WIRE TRANSFER			
			(SEE STATEMENT)						
16)									
2	Enter total nu exempt 501(c)	mber of recipi	ent organizations list	sted above that are which the grantee or	recognized as cha	rities by the foreign	country, recognize	d as a tax 	42

Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

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

Schedule F (Form 990) (Rev. 1-2025)

Page 5

Part V

Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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:
	*SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE, *FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY, *GFN'S ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS, *THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, AND *THE WILLINGNESS OF THE GRANTEE TO EXECUTE A GRANT AGREEMENT THAT STIPULATES, AMONG OTHER THINGS, THE PURPOSE OF THE GRANT, THE RESTRICTED USE(S) OF THE GRANT, AND REPORTING REQUIREMENTS TO FACILITATE MONITORING.
	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.
	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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL

Part II

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
(16)		SOUTH AMERICA	FIELD SERVICES	40,000	WIRE TRANSFER			,
(17)		SOUTH AMERICA	FIELD SERVICES	30,000	WIRE TRANSFER			
(18)		SUB-SAHARAN AFRICA	FOODBANKS ENVIRONMENTAL IMPACT	50,000	WIRE TRANSFER			
(19)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	15,000	WIRE TRANSFER			
(20)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	50,000	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	60,000	WIRE TRANSFER			
(22)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	28,000	WIRE TRANSFER			
(23)		SOUTH AMERICA	FIELD SERVICES	15,000	WIRE TRANSFER			
(24)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	20,000	WIRE TRANSFER			
(25)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	80,000	WIRE TRANSFER			
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	86,027	WIRE TRANSFER			
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	15,000	WIRE TRANSFER			
(28)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	80,232	WIRE TRANSFER			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	91,762	WIRE TRANSFER			
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	85,581	WIRE TRANSFER			
(31)		SUB-SAHARAN AFRICA	FIELD SERVICES	8,333	WIRE TRANSFER			
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	16,039	WIRE TRANSFER			
(33)		CENTRAL AMERICA AND THE CARIBBEAN	FIELD SERVICES	150,000	WIRE TRANSFER			
(34)		CENTRAL AMERICA AND THE CARIBBEAN	FIELD SERVICES	15,000	WIRE TRANSFER			
(35)		EAST ASIA AND THE PACIFIC	AGRICULTURAL RECOVERY	5,000	WIRE TRANSFER			
(36)		EAST ASIA AND THE PACIFIC	GENERAL OPERATING GRANT	21,385	WIRE TRANSFER			
(37)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	22,951	WIRE TRANSFER			
(38)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	21,395	WIRE TRANSFER			
(39)		MIDDLE EAST AND NORTH AFRICA	FIELD SERVICES	5,100	WIRE TRANSFER			
(40)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	10,000	WIRE TRANSFER			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
(41)		SUB-SAHARAN AFRICA	FIELD SERVICES	8,333	WIRE TRANSFER			
(42)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	80,000	WIRE TRANSFER			
(43)		SOUTH ASIA	FIELD SERVICES	24,000	WIRE TRANSFER			
(44)		SOUTH ASIA	FIELD SERVICES	5,000	WIRE TRANSFER			
(45)		SOUTH ASIA	GENERAL OPERATING GRANT	70,000	WIRE TRANSFER			
(46)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	475,450	WIRE TRANSFER			
(47)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	68,000	WIRE TRANSFER			
(48)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	5,000	WIRE TRANSFER			
(49)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	50,000	WIRE TRANSFER			
(50)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	76,000	WIRE TRANSFER			
(51)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	41,000	WIRE TRANSFER			
(52)		NORTH AMERICA (CANADA & MEXICO ONLY)	FIELD SERVICES	35,000	WIRE TRANSFER			
(53)		SUB-SAHARAN AFRICA	GENERAL OPERATING GRANT	17,000	WIRE TRANSFER			
(54)		SUB-SAHARAN AFRICA	FIELD SERVICES	8,333	WIRE TRANSFER			
(55)		SUB-SAHARAN AFRICA	FIELD SERVICES	20,000	WIRE TRANSFER			
(56)		CENTRAL AMERICA AND THE CARIBBEAN	FIELD SERVICES	5,000	WIRE TRANSFER			
(57)		SOUTH AMERICA	FIELD SERVICES	5,000	WIRE TRANSFER			
(58)		SOUTH ASIA	AGRICULTURAL RECOVERY	57,000	WIRE TRANSFER			
(59)		SOUTH ASIA	FIELD SERVICES	20,000	WIRE TRANSFER			
(60)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	7,500	WIRE TRANSFER			
(61)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	7,500	WIRE TRANSFER			
(62)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	11,000	WIRE TRANSFER			
(63)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	64,157	WIRE TRANSFER			
(64)		SOUTH ASIA	FIELD SERVICES	70,000	WIRE TRANSFER			
(65)		SUB-SAHARAN AFRICA	FOODBANKS ENVIRONMENTAL IMPACT	50,000	WIRE TRANSFER			
(66)		SUB-SAHARAN AFRICA	FIELD SERVICES	75,000	WIRE TRANSFER			
(67)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	86,027	WIRE TRANSFER			
(68)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	20,000	WIRE TRANSFER			
(69)		EUROPE (INCLUDING	FIELD SERVICES	80,232	WIRE			

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
		ICELAND AND GREENLAND)			TRANSFER			
(70)		SOUTH ASIA	FIELD SERVICES	40,000	WIRE TRANSFER			
(71)		SOUTH ASIA	FIELD SERVICES	61,275	WIRE TRANSFER			
(72)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	1,340,615	WIRE TRANSFER			
(73)		EUROPE (INCLUDING ICELAND AND GREENLAND)	FIELD SERVICES	1,281,701	WIRE TRANSFER			
(74)		SOUTH ASIA	FIELD SERVICES	24,000	WIRE TRANSFER			
(75)		EAST ASIA AND THE PACIFIC	FIELD SERVICES	15,000	WIRE TRANSFER			
(76)		SOUTH ASIA	GENERAL OPERATING GRANT	80,000	WIRE TRANSFER			

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer i	identification number
THE GLOBAL FOODBANKING NETWO	RK							20-4268851
Part I General Information	on Grants and	Assistance						
	d to award the gra ization's procedur ssistance to Do	ants or assistance res for monitoring mestic Organiz	the use of grant furations and Dom		States. ents. Complete in	f the organization	on answer	
Part IV, line 21, for an	•		1			•		
1 (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 noncash assista		(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	36-3673599	501(C)(3)	204,357					(SEE STATEMENT)
(2)		. , , ,						
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section3 Enter total number of other or		•						
5 Enter total number of other of								· · · · · ·

Schedule I (Form 990) (Rev. 12-2024)

Part III	Grants and Other Assistance to Part III can be duplicated if addit	o Domestic Individua tional space is needed	lls. Complete if th	e organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Pro	vide the information re	equired in Part I, I	ine 2; Part III, colum	n (b); and any other additi	onal information.
SEL STA	TEMENT)					

Pa	rt	۱۱	V	
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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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:
	*SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE, *FOOD INSECURITY AND MALNUTRITION LEVELS IN THE GRANTEE'S COUNTRY, *GFN'S ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS, *THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, AND *THE WILLINGNESS OF THE GRANTEE TO EXECUTE A GRANT AGREEMENT THAT STIPULATES, AMONG OTHER THINGS, THE PURPOSE OF THE GRANT, THE RESTRICTED USE(S) OF THE GRANT, AND REPORTING REQUIREMENTS TO FACILITATE MONITORING.
	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.
	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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FEEDING AMERICA 161 NORTH CLARK STREET, SUITE 700, CHICAGO, IL 60601
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FEEDING AMERICA: SUPPORT GENERAL OPERATIONS AND CAPACITY-BUILDING PROJECTS

SCHEDULE J (Form 990)

(Rev. January 2025)

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 for instructions and the latest information.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

THE C	GLOBAL FOODBANKING NETWORK 20-4	4268851		
Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on F 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	orm		
	 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) 			
	☐ Discretionary Spending account ☐ Personal Services (Such as maid, Chadhedr, Cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paym or reimbursement or provision of all of the expenses described above? If "No," complete Part II explain	I to		,
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 1a?	line	v	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	y a		
	☐ Independent compensation consultant ☐ Compensation survey or study			
)		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	. 4a	ı	'
b	Participate in or receive payment from a supplemental nonqualified retirement plan?)	~
С	Participate in or receive payment from an equity-based compensation arrangement?	. 4c	:	~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of:	any		
а	The organization?	. 5a	1	~
b	Any related organization?	. 5b	,	~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the net earnings of:	any		
а	The organization?	. 6a		V
b	Any related organization?		,	~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfi			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?			
	in Part III			\ \
		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described Regulations section 53 4958-6(c)?	d in		

Schedule J (Form 990) (Rev. 1-2025)

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.

The sam of columns (B)(i) (iii) to		(B) Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title LISA J. MOON (i)		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
LISA J. MOON 1 PRESIDENT AND CEO MICHAEL OKO 2 VP, COMMUNICATIONS & MARKETING DOUGLAS L. O'BRIEN		398,859	44,595	378	6,013	1,694	451,539	0
		0	0	0	0	0	0	0
MICHAEL OKO 2 VP, COMMUNICATIONS & MARKETING		205,296	10,500	1,021	11,183	23,374	251,374	0
		0	0	0	0	0	0	0
DOUGLAS L. O'BRIEN VICE PRESIDENT, PROGRAMS, ASST. SECRETARY (UNTIL DECEMBER 2024)		205,145	10,500	2,563	0	27,271	245,479	0
		0	0	0	0	0	0	0
VICKI CLARKE	(i)	211,116	10,500	1,021	11,183	2,413	236,233	0
VICE PRESIDENT, DEVELOPMENT, SECRETARY 4	(ii)	0	0	0	0	0	0	0
CHRISTOPHER REBSTOCK	(i)	170,611	0	2,134	7,542	9,974	190,261	0
CANADA, EUROPE, AND SOUTH ASIA PROGRAM DIRECTOR	(ii)	0	0	0	0	0	0	0
JENNIFER WRIGHT	(i)	149,793	0	460	7,739	22,907	180,899	0
6 COMMUNICATIONS SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
VANESSA GUTIERREZ	(i)	159,471	0	284	4,813	12,516	177,084	0
7 CHIEF FINANCIAL OFFICER, TREASURER	(ii)	0	0	0	0	0	0	0
SHAMIR SHAHI	(i)	163,344	0	724	7,560	1,245	172,873	0
8 CHIEF OF STAFF	(ii)	0	0	0	0	0	0	0
	(i)	152,829	0	457	7,671	8,020	168,977	0
ANTHONY KITCHEN FIELD AND KNOWLEDGE SERVICES SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
9 DIRECTOR MATTHEW ECKFORD MULTI-STAKEHOLDER PARTNERSHIPS SENIOR DIRECTOR		142,217	0	307	2,907	14,619	160,050	0
		0	0	0	0	0	0	0
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) (Rev. 1-2025)

Part			
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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.
1B - WRITTEŃ POLICÝ	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 \$7,815 IN CALENDAR YEAR 2024 AND WAS TAXED ON THOSE BENEFITS ACCORDINGLY.
	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. 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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	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 MULTIYEAR PLAN TO INCREASE ORGANIZATIONAL EFFECTIVENESS IN TARGETED WAYS. GFN PROVIDED KNOWLEDGE RESOURCES THROUGH A VARIETY OF PATHWAYS IN FY2025, INCLUDING: RE-STARTING THE RIGOROUS, STANDARDS-BASED CERTIFICATION PROCESS; ONE-TO-ONE ADVISORY SERVICES CONDUCTED VIRTUALLY AND IN PERSON; TRAINING AND EXPERIENCE-SHARING AT A REGIONAL MEETING HELD IN ACCRA, GHANA; SUBJECT-FOCUSED WEBINARS; AND FELLOWSHIP EXCHANGES AMONG FOOD BANKS. 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 TO ALL NETWORK MEMBERS BUT OFFERS CONCENTRATED SUPPORT IN MARKETS THAT ARE DISPROPORTIONATELY AFFECTED BY HUNGER AND ENVIRONMENTAL CHALLENGES. ACROSS THE NETWORK IN FY2025, NINE OF THE 10 FOOD BANKS THAT HAD THE LARGEST INCREASES IN PEOPLE SERVED YEAR-OVER-YEAR CAME FROM EMERGING AND DEVELOPING MARKETS.		
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$974,016 INCLUDING GRANTS OF \$100,000)(REVENUE) RESEARCH AND ENVIRONMENTAL IMPACT: BECAUSE FOOD BANKING ORGANIZATIONS SOURCE FOOD FROM NUTRITIOUS FOOD SURPLUSES, FOOD BANKING HAS GAINS FOR BOTH PEOPLE AND PLANET. IN FY2025, GFN MEMBERS WERE ESTIMATED TO AVOID 1.9 MILLION KILOGRAMS OF CO2E EMISSIONS, THE EQUIVALENT OF TAKING 443,000 CARS OFF THE ROAD. TO BETTER UNDERSTAND THE OPPORTUNITY TO REDUCE ENVIRONEMENTAL IMPACT THROUGH FOOD BANKING, GFN DEVELOPED AND IMPLEMENTED FRAME, 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 PILOTED AT FOOD BANKING ORGANIZATIONS IN ECUADOR AND MEXICO, AND IT IS EXPANDING TO OTHER MEMBERS OF THE NETWORK.		
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$337,582 INCLUDING GRANTS OF \$62,000)(REVENUE) AGRICULTURAL RECOVERY: TO INCREASE ACCESS TO NUTRITIOUS FOOD, IN FY2025 GFN CONTINUED INVESTING INTO BUILDING SURPLUS RECOVERY FROM FARMS, PACKHOUSES AND PRODUCE MARKETS. GFN SUPPORTS THESE EFFORTS THROUGH SKILLS TRAINING, KNOWLEDGE SHARING AND FINANCIAL RESOURCES TO ACCELERATE ADOPTION AND SCALING OF AGRICULTURAL RECOVERY PROGRAMS, ESPECIALLY IN EMERGING AND DEVELOPING MARKETS. CURRENTLY, 35 GFN FOOD BANKS HAVE AN AGRICULTURAL RECOVERY PROGRAM, AND IN 2024, 26% OF FOOD DISTRIBUTED BY THE NETWORK CAME FROM AGRICULTURAL SOURCES LIKE FARMS, PACKHOUSES AND MARKETS. IN FY2025, GFN HIRED A NEW AGRICULTURAL RECOVERY HUB DIRECTOR AND LAUNCHED THE AGRICULTURAL RECOVERY COMMUNITIES OF PRACTICE, WHICH PROVIDES EXPERTISE AND GUIDANCE TO PARTNER FOOD BANKS LOOKING TO START OR SCALE RECOVERY EFFORTS.		

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberThe Global FoodBanking Network20-4268851

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	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.
	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.
	THE STEERING COMMITTEE SHALL HAVE SUCH FURTHER RESPONSIBILITIES AS THE BOARD OF DIRECTORS MAY ASSIGN TO IT FROM TIME TO TIME.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 CORPORATIONS 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, 2025.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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.
	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.
	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.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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.
	THE BOD MEETS IN EXECUTIVE SESSION AND REVIEWS THE CEO SALARY RECOMMENDED BY THE STEERING COMMITTEE.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Global FoodBanking Network

Employer identification number
20-4268851

Return Reference - Identifier	Explanation		
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, DE, FL, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	MT, NC, ND, NE, NH,	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE CORPORATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS WEBSITE ANNUALLY. WHILE THE CORPORATION DOES NOT POST ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY ON ITS WEBSITE, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description GRANT CURRENCY TRANSLATION GAIN	(b) Amount 193,751	
	TOTAL	193,751	

2024 Form 990

Final Audit Report 2025-12-17

Created: 2025-12-17

By: Vanessa Gutierrez (vgutierrez@foodbanking.org)

Status: Signed

Transaction ID: CBJCHBCAABAAzjd-c57bl04rhOdnjUq1HUj21ny1m0HZ

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