Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the 2	2012 cale	ndar year, or tax year beginning JULY 01		nd ending	JUNE 3		20 13
B	Check if a	pplicable:	C Name of organization THE GLOBAL FOODBANKING	SNETWORK		DI	Employer ide	entification number
	Address c	hange	Doing Business As				20	-4268851
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to s	street address)	Room/suite	ET	elephone nu	mber
	Initial retur	rn	203 N. LASALLE STREET		190	00	(312	2)782-4560
	Terminate	d	City, town or post office, state, and ZIP code		L			
П	Amended	1000	CHICAGO, IL 60601			G	Gross receipt	s\$ 2,077,950
$\overline{\Box}$	Application		F Name and address of principal officer: JEFFREY D. I	(I FIN				iates? Yes Vo
	Application	in pending	SAME AS C ABOVE	1		1 20 02 02		ed? Yes No
	T	-1-1		1 40.47(a)(4) and	T 507	1		see instructions)
<u>'</u>	Tax-exem			4947(a)(1) or	<u> 527</u>			100 A
7	Website:		W.FOODBANKING.ORG	T. V.		H(c) Group exe		
-	-		✓ Corporation Trust Association Other ►	L Yea	r of formation	: 2006	A State of leg	gai domicile:
P	art I	Summ		61	TUE OLO	DAL FOODB	AIKING NE	TWODK (CEN) IC
			scribe the organization's mission or most signi					
ë	1		L NOT-FOR-PROFIT ORGANIZATION DEDICATED					
and	1 -		ATES, SUPPORTS, AND STRENGTHENS FOOD B				UND THE	WORLD, IN
era	1		ES OTHER THAN THE US. GFN CURRENTLY (CC					
Activities & Governance	1		s box $ ightharpoonup$ if the organization discontinued its $\mathfrak c$		sposed of r	more than 25	1 1	
ම	3 1	Number (of voting members of the governing body (Part	VI, line 1a)			3	15
es	4 1	Number (of independent voting members of the governin	g body (Part VI,	line 1b) .		4	15
Viti	5 T	Total nun	nber of individuals employed in calendar year 2	012 (Part V, line	2a)		5	15
Cţ	6 T	Total nur	nber of volunteers (estimate if necessary)				6	30
•	7a T	Total unr	elated business revenue from Part VIII, column	(C), line 12 .			7a	0
	1		ated business taxable income from Form 990-7				7b	0
						Prior Year		Current Year
4	8 0	Contribut	ions and grants (Part VIII, line 1h)			2,27	2,456	2,058,590
nue	1		service revenue (Part VIII, line 2g)		2,555	17,306		
Revenue	1	_	nt income (Part VIII, column (A), lines 3, 4, and				798	2,054
E S	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	•			0	0
			nue—add lines 8 through 11 (must equal Part VI			2.20	5,809	2,077,950
					12)		8,385	
	1		d similar amounts paid (Part IX, column (A), line			37		48,000
	1		paid to or for members (Part IX, column (A), line			4.00	0	4.005.500
968	1		other compensation, employee benefits (Part IX, c	1,08	2,200	1,095,582		
Expenses			nal fundraising fees (Part IX, column (A), line 1		0	0		
X			draising expenses (Part IX, column (D), line 25)					
ш	1		enses (Part IX, column (A), lines 11a–11d, 11f–				2,423	405,388
			enses. Add lines 13–17 (must equal Part IX, col			2,07	3,008	1,548,970
	19 F	Revenue	less expenses. Subtract line 18 from line 12 .				2,801	528,980
Ces					Beg	inning of Curren	t Year	End of Year
Assets or Balances	20 T	otal ass	ets (Part X, line 16)			63	6,615	1,019,697
t As	21 T	otal liab	lities (Part X, line 26)			18	9,569	32,751
Net A	22 N	let asset	s or fund balances. Subtract line 21 from line 2	0		44	7,046	986,946
Pa	art II	Signat	ure Block					
Un	der penalti	es of perju	y, I declare that I have examined this return, including accor	npanying schedules	and statemen	nts, and to the b	est of my kn	owledge and belief, it is
tru	e, correct, a	and compl	ete. Declaration of preparer (other than officer) is based on al	I information of whic	h preparer ha	s any knowledge	9.	
						1	1	
Sig	jn	Signa	ture of officer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	116	//
He		IEE	FREY D. KLEIN, PRESIDENT AND CEO			1 11/1	10	11/4/13
		()	or print name and title					
		y	pe preparer's name Preparer's signature		Date			PTIN
Pa		1		u Servic_	1		heck if elf-employed	1
	eparer			11 70000	110.			
Us	e Only			CHICACO II co	602 4002	Firm's E		35-0921680
1/	u the IDC		Idress > 70 WEST MADISON STREET, SUITE 700,		002-4903	Phone n	0.	312)899-7000
-	-		this return with the preparer shown above? (se	e instructions)		· · · ·	<u> </u>	. Ves No
For	Paperwo	ork Redu	tion Act Notice, see the separate instructions.		Cat. No. 1	11282Y		Form 990 (2012)

		. 490 =
Part		
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	TO ALLEVIATE GLOBAL HUNGER BY COLLABORATING TO DEVELOP FOOD BANKS IN COMMUNITIES WHERE THEY ARE	
	NEEDED AROUND THE WORLD, AND BY SUPPORTING FOOD BANKS WHERE THEY EXIST.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Z NI.
	If "Yes," describe these new services on Schedule O.	_ INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū	services?	/ No
	If "Yes," describe these changes on Schedule O.	_ INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ed by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to describe the organization of the three largest program services, as measured to report the amount of grants and allocations to describe the organization of the three largest program services, as measured to report the amount of grants and allocations to describe the organization of the three largest program services, as measured to report the amount of grants and allocations to describe the organization of the three largest program services, as measured to report the amount of grants and allocations to describe the organization of the three largest program services.	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$359,552 including grants of \$48,000) (Revenue \$)
	SUPPORT FOR FOOD BANKS WHERE THEY EXIST	,
	•ARGENTINA – THE FOOD BANK NETWORK HAS FOCUSED ON SEVERAL PROJECTS INTENDED TO ENHANCE THE	
	EFFICIENCY OF FOOD SHARING AND DISTRIBUTION. THE REACH AND NATIONAL IMPACT OF THE NETWORK HAS BEEN	
	EXPANDED WITH THE LAUNCH OF OPERATIONS IN ROSARIO. GFN SUPPORT THROUGH ONE-ON-ONE TRAINING, TECHNICA	L
	ASSISTANCE, AND PARTNERSHIP DEVELOPMENT ASSISTANCE, AS WELL AS THROUGH THE ANNUAL FOOD BANK	
	LEADERSHIP INSTITUTE, HAS CONTRIBUTED SIGNIFICANTLY TO THE NETWORK'S GROWTH AND EXPANSION. GFN ALSO	
	CONTINUES TO PROVIDE MENTORING IN FOOD SOURCING ACTIVITY.	
	•AUSTRALIA – WITH ANALYTICAL SUPPORT BY DELOITTE ACCESS ECONOMICS, FOODBANK AUSTRALIA PRODUCED THE	
	FIRST-EVER COMPREHENSIVE REPORT ON HUNGER IN AUSTRALIA.	
	(CONTINUED IN SCHEDULE O)	
4b	(Code:) (Expenses \$255,419 including grants of \$) (Revenue \$17,306)
	TRAINING AND TECHNICAL ASSISTANCE	
	LIE D. COEN ECOD DANIEL EADEDOURD INCRETUTE COEN CONDUCTED THE TURNING HE D. COEN ECOD DANIEL	
	• H-E-B / GFN FOOD BANK LEADERSHIP INSTITUTE – GFN CONDUCTED THE 7TH ANNUAL H-E-B/GFN FOOD BANK	
	LEADERSHIP INSTITUTE IN HOUSTON, TEXAS, AND HOSTED 63 FOOD BANKERS FROM 30 COUNTRIES AND 16 GUEST	
	SPEAKERS FOR A WEEK LONG TRAINING EVENT. A STRUCTURED CURRICULUM TAILORED FOR FOOD BANKS AT ALL STAGES OF MATURITY COVERED TOPICS INCLUDING: FOOD BANKS AND NUTRITION, SAFE FOOD HANDLING, SUPPLY CHAIL	
	MANAGEMENT, EFFECTIVE VOLUNTEER MANAGEMENT AND ASSESSING THE IMPACT OF YOUR FOOD BANK. GFN ALSO	N
	WORKED IN PARTNERSHIP WITH THE MAYOR OF HOUSTON'S OFFICE OF INTERNATIONAL COMMUNITIES TO HOST A	
	RECEPTION THAT INTRODUCED FOOD BANKERS FROM AROUND THE WORLD TO HOUSTON'S INTERNATIONAL COMMUNITY	
	(CONTINUED ON SCHEDULE O)	:
4c	(Code:) (Expenses \$ 49,492 including grants of \$) (Revenue \$)
	CREATE NATIONAL FOOD BANK SYSTEMS WHERE THEY ARE NEEDED	
	• EL SALVADOR – THE FOOD BANK IN EL SALVADOR LAUNCHED OPERATIONS IN THE SPRING OF 2013. GFN CONTINUES TO	
	PROVIDE ASSISTANCE TO THE FOOD BANK TO EXPAND ITS CAPACITY AND IMPACT. GFN ALSO PROVIDES INTRODUCTION	
	TO POTENTIAL GLOBAL RESOURCE PROVIDERS WITH PARTICULAR INTERESTS IN EL SALVADOR.	
	• NAMIBIA – PLANNING FOR LAUNCH OF THE FOOD BANK IN NAMIBIA CONTINUED TO MAKE PROGRESS THROUGH THE	
	YEAR. GFN SUPPORT THROUGH THE FOOD BANK LEADERSHIP INSTITUTE AND VIA ONGOING MENTORING HAS BEEN	
	IMPORTANT TO THE DESIGN OF OPERATIONS.	
	• NIGERIA – THE FOOD BANK IN NIGERIA LAUNCHED OPERATIONS IN THE SUMMER OF 2013, AND IS WORKING NOW ON	
	EXPANDING REACH AND CAPACITY.	
	(CONTINUED ON SCHEDULE O)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 412,098 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 1,076,561	

	W Charlist of Dequived Cahadulas			raye
Part	V 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	<i>'</i>	110
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? If "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 Revenue Procedure 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		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	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	V	V
12 a	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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	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 (see instructions)</i>	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? If "Yes," complete Schedule G, Part II	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		,
20 a	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?

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20b

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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	V	
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 25	24a		_
c b	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
	Part I	31		~
32	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? If "Yes," complete Schedule R, Part 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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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</i> "Yes," complete Schedule R, Part VI			,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance		- 1	Page
· art	Check if Schedule O contains a response to any question in this Part V			Г
	Chock ii Conodule C Containe a response to any question in tine rare v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ba		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
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?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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 . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
b	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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			

14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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13a

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves on hand

the organization is licensed to issue qualified health plans

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? .

13b

13c

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 in Schedule O. See instructions. Section A. Governing Body and Management No 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 in Schedule O. Enter the number of voting members included in 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 ~ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 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 ~ 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 in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a **10a** Did the organization have local chapters, branches, or affiliates? 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 in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 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 Did the organization have a written document retention and destruction policy? 14 1 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 in 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 ▶ SEE SCHEDULE O 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► BETH SAKS, 203 N. LASALLE STREET, SUITE 1900, CHICAGO, IL 60601, (312)782-4560, FAX: (312)782-4580

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Check this box if Heither the Organization					C)					,
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an Reportable							Reportable	Estimated
	hours per					or/trust	tee)	compensation	compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TRACY, PAT	10									
CHAIRMAN		~		~				0	0	0
(2) HELLQUIST, WAYNE	1									
VICE CHAIRMAN		~		~				0	0	0
(3) CAVELIER, CARLOS ENRIQUE	0.5									
DIRECTOR		~						0	0	0
(4) CLAYTON, THE HONORABLE EVA	0.5									
DIRECTOR		~						0	0	0
(5) DAY, JAYNEE	0.5									
DIRECTOR		~						0	0	0
(6) DELMELLE, JEAN	0.5									
DIRECTOR		~						0	0	0
(7) FOX, CHERI	0.5									
DIRECTOR		~						0	0	0
(8) GILBERTSON, ALAN	0									
DIRECTOR		~						0	0	0
(9) KASDORF, ALFREDO	0									
DIRECTOR		~						0	0	0
(10) KNOTT, MATTHEW	1									
DIRECTOR		~						0	0	0
(11) KUREK, KAREN	1									
DIRECTOR		~						0	0	0
(12) LUGER, ELLEN GOLDBERG	0									
DIRECTOR		~						0	0	0
(13) RAMEY, JASON	0									
DIRECTOR		~						0	0	0
(14) RUDNICK, WILLIAM	1									
DIRECTOR		~						0	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued)	
					•	C)						
	(A)	(B)	(do n	ot ob		ition	e than o	200	(D)	(E)		(F)
	Name and title	Average	,				is both		Reportable	Reportable		Estimated
		hours per					or/trust		compensation	compensation from	n a	amount of
		week (list any hours for	Inc or	sul	Qf	₩	유.플	Fo	from the	related organizations	CO	other mpensation
		related	dire	titu	Officer	y er	ples	Forme	organization	(W-2/1099-MISC)		from the
		organizations	dual	tion	_	l pl	st co	*	(W-2/1099-MISC)			ganization
		below dotted line)	Individual trustee or director	al tr		Key employee	dmb				1	nd related ganizations
		,	tee	Institutional trustee			Highest compensated employee					
				9			led.					
	HANNON, TERRY 	1										
DIREC			~						0	(0	0
	LVER-PARKER, ESTHER 	0.5										
	CTOR (PARTIAL YEAR)		~						0	(0	0
	_EIN, JEFFREY D.	40										
	IDENT & CEO				~				173,376	(0	29,123
	AKS, BETH E.	32										
	R TREASURER				~				88,027	(0	26,909
	EBSTOCK, CHRISTOPHER	40										
	P NETWORK DEVELOPMENT AND SECRETARY				~				132,026	(כ	23,841
(20)												
(21)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Sub-total							.	393,429)	79,873
C	Total from continuation sheets to Part	VII Section	 n Δ	•	•		•		0)	0
d	Total (add lines 1b and 1c)			•	•		•		393.429		0	79,873
							- ·	· · · · ·	,			79,073
_	Total number of individuals (including but reportable compensation from the organi			iose	ıısı	.eu i	above	e) w	no received m	ore man \$100,0	000 01	
	Toportable compensation from the organi	Zation Z										Yes No
3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	e.	kev e	emr	olovee, or high	est compensa	ted 🗔	100 110
	employee on line 1a? If "Yes," complete S											3 4
4	For any individual listed on line 1a, is the											
7	organization and related organizations											
	individual	-									. 4	
5	Did any person listed on line 1a receive o	r accrue co	mpe	nsat	ion	froi	m anv	un u	related organiz	ation or individ		
	for services rendered to the organization?											5 V
Section	on B. Independent Contractors											1
1	Complete this table for your five highest of	compensate	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$	100,000	of
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the	organiza	ation's tax
(A) Name and business address									(B) Description of se	ervices		C) ensation
									• •		•	
2	Total number of independent contracto	rs (includir	na hi	ıt n	ot I	imit	ed to) th	ose listed aho	ove) who		
_	received more than \$100,000 of compens								0	-,		

Part VIII Statement of Revenue

		Check if Schedule O col	ntains a resp	onse to any ques				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
₽, G	C	Fundraising events						
fts, r A	_							
Gi ila	d	Related organizations .						
ns, Sirr	е	Government grants (contrib	· · · · · · · · · · · · · · · · · · ·					
ıtio er (f	All other contributions, gifts,						
ibu Yth		and similar amounts not include	ded above 1f	2,058,590				
ntr d C	g	Noncash contributions included	in lines 1a-1f: \$					
Co an	h	Total. Add lines 1a-1f.		•	2,058,590			
				Business Code				
Program Service Revenue	2a	CONFERENCE REGISTR	ATION FEES	611430	17,306	17,306		
3ev	b			311.00	0	,555		
Se F					0			
Ž	C							
Se	d				0			
am	е				0			
ogr	f	All other program servic			0	0	0	0
Ā	g	Total. Add lines 2a-2f.		🕨	17,306			
	3	Investment income (in-	cluding divid	dends, interest,				
		and other similar amoun	nts)	🕨	2,054			2,054
	4	Income from investment of	f tax-exempt b	ond proceeds	0			
	5	Royalties	•		0			
			(i) Real	(ii) Personal				
	6a	Gross rents		1,7				
	b	Less: rental expenses						
	С	Rental income or (loss)	. (-				
	d	Net rental income or (los			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)	(0				
	d			•	0			
enne	8a	Gross income from function (not including \$						
Other Rever		of contributions reported	on line 1c).					
ξ	b	Less: direct expenses .	k					
0		Net income or (loss) fror		events .	0			
		Gross income from gami						
		See Part IV, line 19						
	b	Less: direct expenses .						
		Net income or (loss) from			0			
	100	Gross sales of inve		ivities	U			
	IUa	returns and allowances						
	_							
	b	Less: cost of goods sold						
	С	Net income or (loss) from	m sales of inv	rentory >	0			
		Miscellaneous Reve	enue	Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue			0	0	0	0
	e	Total. Add lines 11a–11			0	<u> </u>		
	12	Total revenue. See inst			2,077,950	17,306	0	2,054
		. 3.4 3.7011401 000 11101			2,011,330	17,500	U	2,034

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).

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	. ,	g	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	48,000	48,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	499,095	333,501	136,948	28,646
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			<u> </u>
7	Other salaries and wages	454,829	325,412	36,296	93,121
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,321	5,104	1,704	3,513
9	Other employee benefits	56,337	47,626	936	7,775
10	Payroll taxes	75,000	51,737	12,100	11,163
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	26,100		26,100	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0			
g	(A) amount, list line 11g expenses on Schedule O.)	63,980	41,797	742	21,441
12	Advertising and promotion	0			
13	Office expenses	32,551	14,074	3,428	15,049
14	Information technology	0			
15	Royalties	0			
16 17	Occupancy		171 202	46,002	1 107
17	Travel	218,403	171,203	46,003	1,197
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0	0.004	700	
22	Depreciation, depletion, and amortization .	4,518	2,901	798	819
23	Insurance	10,744	7,215	2,754	775
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TELECOMMUNICATIONS	15,712	10,393	3,544	1,775
b	PRINTING & MARKETING	9,096	5,169	744	3,183
С	POSTAGE	1,611	526	264	821
d		0			
е	All other expenses	22,673	11,903	2,975	7,795
25	Total functional expenses. Add lines 1 through 24e	1,548,970	1,076,561	275,336	197,073
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)	0			

Page **11**

Part X Balance Sheet

Р	art X	Balance Sheet					
		Check if Schedule O contains a response to	any que	stion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			292,204	1	0
	2	Savings and temporary cash investments			308,453	2	991,188
	3	Pledges and grants receivable, net			14,054	3	1,790
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and trustees, key employees, and highest concomplete Part II of Schedule L	ed employees.		5	0	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	ing employers and byees' beneficiary		6		
ets	7			_		7	0
Assets	7	Notes and loans receivable, net		_			
~	8	Inventories for sale or use		<u> </u>	44.005	8	40.707
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,657	14,385	9	10,787
	b	Less: accumulated depreciation	10b	16.645	7,519	100	5,012
	11	·			7,010	11	0,012
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments—program-related. See Part IV, line		_	0	13	0
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0		10,920	
	16	Total assets. Add lines 1 through 15 (must equal to the control of the control			636,615		1,019,697
	17	Accounts payable and accrued expenses		48,894		32,751	
	18	Grants payable	_	140,675	18	0	
	19	Deferred revenue	<u> </u>	•	19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper	cers, directors, mployees, and				
jab		disqualified persons. Complete Part II of Schedu		_		22	0
_	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	s 17-24). (Complete Part X	0	25	0
	26	Total liabilities. Add lines 17 through 25			189,569	26	32,751
—sex		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an), check h		100,000	20	02,101
anc	27	Unrestricted net assets			256,937	27	634,786
3al	28	Temporarily restricted net assets			190,109	28	352,160
βĒ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or ed		_		31	
Ä	32	Retained earnings, endowment, accumulated in		_		32	
Net	33	Total net assets or fund balances			447,046	33	986,946
_	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	636,615	34	1,019,697

Form **990** (2012)

Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response to any question in this Part XI				~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,950
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,54	8,970
3	Revenue less expenses. Subtract line 2 from line 1	3		52	8,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44	7,046
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	0,920
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		98	6,946
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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 Schedule O.	plain in			
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 com	piled or			
	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 separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	vorsiabt			
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	_	
	If the organization changed either its oversight process or selection process during the tax year, ex		20	•	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2012

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. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	GLOBAL FOODBAN	NKING NETWORK							20-42	68851		
Par	t I Reason f	for Public Cha	rity Status (All orga	anization	s must c	complete	this pa	rt.) See i	nstructio	ons.		
The c 1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a☐ A medical res	vention of churc cribed in section a cooperative ho	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun e:	churches ch Sched ation des	s describeule E.) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		(iii). Ente	r the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	iversity o	wned or	operated	by a go	vernmen	tal unit d	escrib	ed ir
6 7	✓ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pal	al part of					nit or fror	n the ger	neral p	oublic
9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that to its exempt functent income and unreafter June 30, 1975. So	an 33¹/₃% tions−su lated bu	6 of its so bject to o siness ta	upport fro certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 33	31/3%	of its
10 11	An organization purposes of control of the state of the s	on organized ar one or more pub eck the box that	d operated exclusively and operated exclusively blicly supported organ describes the type of	ely for th nizations supportir	ne benefi describe ng organi	t of, to d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, ection 50 1e throu	9(a)(2). S gh 11h.	ee se	ction
е		his box, I certify undation manage	that the organization ers and other than on	is not co	ntrolled o	directly o	rindirectl	y by one		disqualifi	ed pe	rsons
f	_	ation received a	a written determinatio				a Type			oe III sup 	portir	ng
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the)			
			ndirectly controls, eit ody of the supported								Yes	No
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii		
h	• •	•	a person described ir ion about the support	., .,						11g(iii)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col. (i)	vou notify nization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amou	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Total	I											0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 2,517,760 1,676,085 1,550,229 2,272,456 2,058,590 10,075,120 2 revenues levied 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 2.517.760 1.676.085 1.550.229 2.272.456 2.058.590 10.075.120 4 The portion of total contributions by 5 (other each person than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5,381,116 **Public support.** Subtract line 5 from line 4. 4,694,004 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 2,517,760 1,676,085 1,550,229 2,272,456 2,058,590 10,075,120 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans.

	rents, royalties and income from similar						
	sources	9,548	6,815	2,216	798	2,054	21,431
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	6,420	2,235	976	0	0	9,631
11	Total support. Add lines 7 through 10						10,106,182
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	31,661
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🖂
Secti	on C. Computation of Public Suppor	rt Percentage	е				
14	Public support percentage for 2012 (line	6, column (f) di	vided by line 1	1, column (f))		14	46.44 %
15	Public support percentage from 2011 Scl	nedule A, Part	II, line 14 .			15	47.63 %
16a	331/3% support test-2012. If the organi	zation did not	check the box	on line 13, and	l line 14 is 33 ¹	/3% or more, c	heck this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			> 🗸
b	331/3% support test-2011. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ %	or more,
	check this box and stop here. The organ	ization qualifie:	s as a publicly	supported org	anization .		▶ □
17a	10%-facts-and-circumstances test – 20	012. If the orga	nization did no	ot check a box	on line 13, 16	a. or 16b. and	line 14 is
	10% or more, and if the organization me	_					
	Part IV how the organization meets the "f						
	organization						.`. ▶ □
b	10%-facts-and-circumstances test—20	011 If the orga	nization did n	nt check a hox	on line 13 16	a 16b or 17a	and line
~	15 is 10% or more, and if the organizar						
	Explain in Part IV how the organization m				•		•
	supported organization						> □
18	Private foundation. If the organization di	d not check a	box on line 13.	. 16a. 16b. 17a	. or 17b. chec	k this box and	see
	instructions						▶ □
					Sal	nedule A (Form 00	0 or 990-EZ) 2012
					301	iedule A (FUIII 99	0 01 330-EZJ 2012

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	oto liotod bon	ov, picase oc	ompioto i ait	,	_
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)====	(.,====	(-,	(-,	(-,	,,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						_
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
04	line 6.)						
	on B. Total Support	() 0000	(1.) 0000	() 0040	(1) 0044	() 0040	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 .						
h	Unrelated business taxable income (less						
b	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 in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						_
14	First five years. If the Form 990 is for the	•			•		. , . ,
	organization, check this box and stop he						▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8						%
16	Public support percentage from 2011 Sch					16	%
	on D. Computation of Investment Inc				(0)	11	
17	Investment income percentage for 2012 (. ,	•	. , ,		<u>%</u>
18	Investment income percentage from 2011						% and line
19a	331/3% support tests—2012. If the organi						
1.	17 is not more than 33 ¹ / ₃ %, check this box	-	-	-		_	_
b	33 ¹ / ₃ % support tests—2011. If the organize line 18 is not more than 33 ¹ / ₃ %, check this because 18 is not more than 33 ¹ / ₃ %.						
20	Private foundation. If the organization di	_	_	-			_
20	i iivate iouiiuatioii. Ii tile organization di	u not oneck a	DOX OIT III IE 14	, 13a, UL 19D, (PITECK THIS DOX	and see mould	CHOHS - U

Part IV

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

Return Reference	Identifier	Explanation						
SCHEDULE A,	OTHER INCOME	Description	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
PART II, LINE 10		OTHER INCOME	6,420	2,235	976			9,631

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

THE GL	OBAL FOODBANKING	SNETWORK	20-4268851						
Organiz	Organization type (check one):								
Filers o	Filers of: Section:								
Form 99	90 or 990-EZ	√ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation						
		☐ 527 political organization							
Form 99	90-PF	☐ 501(c)(3) exempt private foundation							
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation							
		☐ 501(c)(3) taxable private foundation							
Note. O instruction	ions.	(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See						
	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.	000 or more (in money or						
Special	Rules								
V	under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the $33^{1}/_{3}$ % suppor $9(a)(1)$ and $170(b)(1)(A)(vi)$ and received from any one contributor, during 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Ford II.	the year, a contribution of						
	during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use <i>exclusively</i> for religious, chaposes, or the prevention of cruelty to children or animals. Complete Part	aritable, scientific, literary,						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
		at is not covered by the General Rule and/or the Special Rules does no nust answer "No" on Part IV, line 2 of its Form 990; or check the box or							

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

THE GLOBAL FOODBANKING NETWORK

20-4268851

Parti	Contributors (see instructions). Ose duplicate copi	les di Fart i il additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 550,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 50,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 50,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 175,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$80,191	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

THE GLOBAL FOODBANKING NETWORK

20-4268851

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 360,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 90,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 42,171	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10		\$ 66,900	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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

Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spac	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given \$ (b) Description of noncash property given (c) FMV (or estimate) (see instructions) \$ (b) Description of noncash property given (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) \$ Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ Description of noncash property given \$ (c) FMV (or estimate) (see instructions) \$ Description of noncash property given \$ FMV (or estimate) (see instructions) \$ FMV (or estimate) (see instructions) \$ Description of noncash property given \$ FMV (or estimate) (see instructions)

Name of organization **Employer identification number** THE GLOBAL FOODBANKING NETWORK 20-4268851 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

Name o	f the organization		Employer identification number
THE G	SLOBAL FOODBANKING NETWORK		20-4268851
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subject		
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit? .	benefit of the donor or donor advisor, or	for any other purpose
Par	Conservation Easements. Comp	ete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
		ecreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	ion held a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
С	Number of conservation easements on a cer	. ,	
d	Number of conservation easements include		t on a
	historic structure listed in the National Regist		
3	Number of conservation easements modified tax year ►	l, transferred, released, extinguished, or te	rminated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written poli violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitor •	ing, inspecting, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, \$\blue{\subset}\$\$	nspecting, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		•
	organization's accounting for conservation e	asements.	
Part		ctions of Art, Historical Treasures, c ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted unc		
	works of art, historical treasures, or other spublic service, provide, in Part XIII, the text of		
b	works of art, historical treasures, or other spublic service, provide the following amounts	similar assets held for public exhibition, es relating to these items:	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works following amounts required to be reported ur	of art, historical treasures, or other simil	ar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	e1	▶ \$

Schedule D (Form 990) 2012 Page **2**

	O	0-111:	A 11:		···	041-		N = = = /= /=		rage Z
	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	tollow	ing that are a	significan	t use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	ams			
b	☐ Scholarly research ■ Other									
С	☐ Preservation for future generations	S		_						
4	Provide a description of the organization		and expla	ain how t	hey further th	ne orga	anization's ex	empt purp	ose in	ı Part
	XIII.									
5	During the year, did the organization									
	assets to be sold to raise funds rather								es	
Part	ESCROW and Custodial Arra				anization ar	nswere	ed "Yes" to	Form 990	, Part	ιIV,
	line 9, or reported an amour									
1a	Is the organization an agent, trustee							not		
	included on Form 990, Part X?							. [Y	es	No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:					
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou					·	'	. Y	es	No
b	If "Yes," explain the arrangement in P	•	•							ī
Par										
	T. T	(a) Current year		or year	(c) Two years I		(d) Three years ba		r years	back
1a	Beginning of year balance	,,,	1		,,,,,			+ ` `		
b	Contributions									
	Net investment earnings, gains, and									
·	losses									
٦										
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
	• =									
f	Administrative expenses									
g	End of year balance		L							
2	Provide the estimated percentage of t	•		e (line 1g	, column (a))	held a	S:			
а	Board designated or quasi-endowme		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ►	<u> </u>								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held ar	nd adn	ninistered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		<u> </u>
	(ii) related organizations							. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organ							. 3b		
4	Describe in Part XIII the intended uses									
Part	Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.					
	Description of property	(a) Cost or of		, , ,	or other basis		ccumulated	(d) Boo	ok value	Э
		(investm	nent)	(0	ther)	dep	oreciation			
1a	Land									0
b	Buildings								_	0
С	Leasehold improvements									0
d	Equipment				21,657		16,645		!	5,012
е	Other									0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part)	X, column	(B). line 10(c	c).) .				5,012

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Page 3

Part VII Investments—Other Securities	See Form 990 Part X	line 12	rage C
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		_	
(E)		_	
(F)		_	
(G) 			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Relate	d Soo Form 000 Part \	/ line 13	
(a) Description of investment type	(b) Book value	(c) Method of va	aluation:
(a) Description of investment type	(b) Book value	Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	137 11 45		
Part IX Other Assets. See Form 990, Part IX			(h) Daalassalssa
<u> </u>	a) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, c	col. (B) line 15.)		
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	II	0	
D LIN 40 (ACC 740) Footbata In Dout VIII provide the	tout of the feetnets to the a	annization's financial atataments the	t ranarta tha araanizatian'a

Schedule D (Form 990) 2012 Page 4

Scriedu	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	nts V	Vith Revenue per	Retu	ırn
1	Total revenue, gains, and other support per audited financial statements .			1	3,009,149
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	_	2b	929,745		
С	Recoveries of prior year grants	2c			
d		2d	1,454		
е	Add lines 2a through 2d			2e	931,199
3	Subtract line 2e from line 1			3	2,077,950
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b	0		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)		5	2,077,950
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents	With Expenses pe	r Re	eturn
1	Total expenses and losses per audited financial statements			1	2,469,249
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	918,825		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,454		
е	Add lines 2a through 2d			2e	920,279
3	Subtract line 2e from line 1	٠.		3	1,548,970
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	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	1,548,970
Part	• •				
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. ation. EXT PAGE				

Schedule D (Form 990) 2012

Part XIII

Supplemental Information Complete this part to 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 IS EXEMPT FROM FEDERAL INCOME TAX ON ITS RELATED INCOME PUR SECTIONS 501(A) AND 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, "CODE"). ON MARCH 25, 2013, THE IRS ISSUED A DETERMINATION LETTER THE TERMINATED ITS PRIVATE FOUNDATION STATUS BY OPERATING AS A PUBLIC DURING THE 60-MONTH PERIOD STARTING JULY 1, 2007 AND ENDING JUNE 3 ACCORDINGLY, HAD BEEN RECLASSIFIED AS A PUBLIC CHARITY DESCRIBED 170(B)(1)(A)(VI) AND 509(A)(1) OF THE CODE AS OF JULY 1, 2007. GFN WAS PR PRIVATE OPERATING FOUNDATION DESCRIBED IN SECTION 4942(J)(3) OF THE GENERAL TO ACCOUNTING FOR UNCERTAIN NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING STATEMENTS, AS GFN HAS HAD NO UNRELATED BUSINESS INCOME. MANAG GFN HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING LOSS OF ITS TAX EXEMPT STATUS. ACCORDINGLY, NO PROVISION FOR INCOME TAX INTEREST OR PENALTIES RECOGNIZED BY GFN FOR THE YEARS ENDED JUNE 2012. GFN HAS NOT BEEN EXAMINED BY ANY TAX JURISDICTION. GFN IS NO TO EXAMINATION FOR THE FISCAL YEARS ENDED JUNE 30, 2010 AND PRIOR. GFN RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. GFN RECOGNIZED AMOUNTS FOR INTEREST AND PENALTIES RELATED TO UNRECOGNIZED AMOUNTS FOR INTEREST AND PENALTIES AS OF AND FOR THE YEARS ENDED AND 2012. GFN DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.	AS AMENDED (THE IAT GFN HAD C CHARITY 00, 2012 AND 0 IN SECTIONS EVIOUSLY A E CODE. I TAX POSITIONS. G FINANCIAL EMENT BELIEVES ANY POTENTIAL DME TAXES HAS RELATED IE 30, 2013 AND LONGER SUBJECT TAX BENEFITS IN ND ACCRUED NO ED JUNE 30, 2013
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description REFUND OF A PRIOR YEAR EXPENSE	(b) Amount 1,454
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description REFUND OF A PRIOR YEAR EXPENSE	(b) Amount 1,454

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2012 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization **Employer identification number** THE GLOBAL FOODBANKING NETWORK 20-4268851 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (f) Total (a) Region (e) If activity listed in (d) is expenditures for offices in the employees, region (by type) (e.g., a program service, agents, and independent fundraising, program services, region describe specific type of and investments investments. service(s) in region in region contractors grants to recipients in region located in the region) GRANT FOR TECHNOLOGY TO SUPPORT INVENTORY MANAGEMENT AND ENHANCE DISTRIBUTION TRACKING. EAST ASIA AND THE PACIFIC **GRANTMAKING** (1)0 0 6,000 GRANT TO CULIACAN FOOD BANK TO ACQUIRE FOOD AND SUPPLIES FOR BACKPACK PROGRAM (WEEKEND FEEDING FOR CHILDREN). NORTH AMERICA (CANADA & **GRANTMAKING** MEXICO ONLY) (2) 0 0 16,000 GRANT TO LAUNCH A NEW BACKPACK PROGRAM IN LEON, ENSURING WEEKEND AVAILABILITY OF FOOD FOR CHILDREN. NORTH AMERICA (CANADA & **GRANTMAKING** MEXICO ONLY) (3) 0 0 20,000 GRANT PROVIDING ENHANCED CAPACITY FOR REFRIGERATED TRANSPORT, ALLOWING FOR SIGNIFICANT INCREASE IN VOLUME OF FRESH FRUITS AND VEGETABLES FOR BENEFICIARIES SOUTH AMERICA **GRANTMAKING** (4)0 0 6,000 (5)(6)(7)(8) (9) (10) (11) (12)(13)(14)(15)(16) (17)Sub-total 0 48,000 Total from continuation sheets to Part I 0 0 0 0 48,000 Totals (add lines 3a and 3b) 0

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (f) Manner of (g) Amount of (b) IRS code (d) Purpose of (e) Amount of (c) Region (h) Description valuation (book, FMV, appraisal, other) organization cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance (if applicable) NORTH AMERICA OOD & SUPPLIES FOR N/A (CANADA & MEXICO BACKPACK PROGRAM IN (1) ONLY) 36,000 WIRE TRANSFER CULIACAN, MEXICO N/A SUPPORT INVENTORY EAST ASIA AND N/A MANAGEMENT AND DISTRIBUTION THE PACIFIC TRACKING SYSTEM (2)6,000 WIRE TRANSFER 0 N/A ENHANCED CAPACITY SOUTH AMERICA N/A FOR REFRIGERATED (3) 6,000 WIRE TRANSFER TRANSPORT 0 N/A (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 3

Schedule F (Form 990) 2012

0

Enter total number of other organizations or entities

Schedule F (Form 990) 2012

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

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

Schedule F (Form 990) 2012 Page 4

Part IV **Foreign Forms** 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 ✓ No ☐ Yes Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes ✓ No 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 Yes ✓ No 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 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 ✓ No Yes Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2012

✓ No

Yes

Part V

Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)(accounting method); 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 OCCASIONAL GRANTS TO FOOD BANKS OR NATIONAL FOOD BANK NETWORKS IN COUNTRIES OTHER THAN THE UNITED STATES FOR A VARIETY OF PURPOSES. THE MAJORITY OF GRANTS ARE AIMED AT HELPING THE GRANTEE TO EXPAND OPERATIONAL OR PROGRAMMATIC CAPACITY! REACH, AND ACCORDINGLY ARE AWARDED FOR THE PURCHASE OF VEHICLES OR EQUIPMENT, HIRING OF STAFF, ACQUISITION OR IMPROVEMENT OF WAREHOUSE FACILITIES, OR PURCHASE OF FOOD AND RELATED SUPPLIES. GRANTEES ARE SELECTED BASED ON A COMBINATION OF FACTORS, INCLUDING: *SPECIFIC NEEDS IDENTIFIED BY THE POTENTIAL GRANTEE! *GFN ABILITY TO RAISE THE RESOURCES NEEDED TO FUND THOSE NEEDS, *THE CONDUCT OF BUSINESS AND LEGAL DUE DILIGENCE TO QUALIFY THE POTENTIAL GRANTEE IN ACCORDANCE WITH GFN, US LEGAL, AND DONOR CRITERIA, *THE WILLINGNESS OF THE GRANTEE TO EXECUTE A GRANT AGREEMENT THAT STIPULATES, AMONG OTHER THINGS, THE PURPOSE OF THE GRANT, THE RESTRICTED USE(S) OF THE GRANT, AND REPORTING REQUIREMENTS TO FACILITATE MONITORING. WHEN A GRANT IS OFFERED TO A GRANTEE, GFN NEGOTIATES A GRANT AGREEMENT WITH THE GRANTEE THAT ADDRESSES ALL RELEVANT PROGRAMMATIC AND LEGAL REQUIREMENTS RELATED TO THE GRANT, AND THEN ENGAGES IN-COUNTRY COUNSEL TO CONDUCT LEGAL DUE DILIGENCE ON THE GRANT, AND THEN ENGAGES IN-COUNTRY COUNSEL TO CONDUCT LEGAL DUE DILIGENCE ON THE GRANTEH, ASSURING THAT IT IS A LEGALLY ESTABLISHED, IN-GOOD-STANDING ENTITY IN ITS COUNTRY AND HAS LEGAL AUTHORITY TO ENTER INTO A BINDING GRANT AGREEMENT. FINALLY, GFN SCREENS THE GRANTEE, ITS COVERNING BOARD, ITS MANAGEMENT AND KEY STAFF WITH AUTHORITY TO DISBURSE GRANT FUNDS, AND THE BANK WHERE THE FUNDS WILL BE HELD AGAINST SEVERAL TERRORIST WATCH LISTS. ONLY AFTER THE AGREEMENT IS SIGNED AND BOTH THE LEGAL DUE DILIGENCE AND THE SCREENING PROCESS ARE POSITIVELY COMPLETED WILL GFN TRANSFER THE FUNDS TO THE GRANTEE. THE GRANT FUNDS AND THEIR IMPACT. A STANDARD FINANCIAL REPORT TERMILATE SCREENING PROCESS ARE POSITIVELY COMPLETED WILL GFN TRANSFER THE FUNDS TO THE GRANTEE. IS INCORPORATED IN THE GRA
SCHEDULE F, PART I, LINE 3	METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL
SCHEDULE F, PART II, LINE 1	METHOD USED TO ACCOUNT FOR GRANTS ON ORGANIZATION'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL

SCHEDULE J (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

2012 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE GLOBAL FOODBANKING NETWORK

Employer identification number

20-4268851

Part	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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ 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 ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
		10		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	directors, trustees, and the OEO/Executive Director, regarding the items checked in line 1a:	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
C	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.	10		·
	The rest to any of lines 4d of list the persons and provide the applicable amounts for each termin farthi.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
a	The organization?	5a		•
b	Any related organization?	5b		~
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	a		

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)–(D)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		(F) Compensation reported as deferred in prior Form 990
KLEIN, JEFFREY D.,	(i)	173,376	0	0	2,625	26,498	202,499	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
REBSTOCK, CHRISTOPHER, SR. VP NETWORK DEVELOPMENT AND	(i)	132,026	0	0	6,750	17,091	155,867	0
2 SECRETARY	(ii)	0	0	0	0	0	0	0
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							ļ
13	(ii)							
	(i)							
14	(ii)							
	(i)						 	
15	(ii)							
40	(i)							
16	(ii)							

Schedule J (Form 990) 2012

Schedule O (Form 990) Department of Treasury Internal Revenue Service

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

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the Organization
THE GLOBAL FOODBANKING NETWORK

Employer Identification Number 20-4268851

Return Reference	Identifier	Explanation
Return Reference FORM 990, PART III, LINE 4A	Identifier PROGRAM SERVICE ACCOMPLISHMENT	SUPPORT FOR FOOD BANKS WHERE THEY EXIST (CONTINUATION #2) HONG KONG (CONTINUED) - GRP HAS SUCCESSIFULLY WINTRODUCED A NUMBER OF KEY GLOBAL CONTACTS TO WORK WITH THE FOOD BANK ON EXPANDING ITS OPERATIONS, AND CONTINUES TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE. **INDIA - THE INDIAN FOODBANKING NETWORK CONTINUES TO OPERATE THE FOOD BANK IN DELHI, AND HAS STARTED THE PROCESS OF ESTABLISHING FOOD BANKS IN SEVERAL OTHER CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO INTRODUCE GLOBAL RESOURCES. AND OFFERS CHIES AS WELL GEN CONTINUES TO REPORT THE DRIVE QUARTERLY. DELHI FOOD BANK IS LEVERAGING THIS COMMITMENT TO REPORD FOR THE BUSINESSES AND ORGANIZATIONS IN THE EFFORT. **STRALE - LEKET ISRAEL CONTINUES IT LARGE-SCALE GLEANING OPERATIONS, PROVIDING A REGULAR RESOURCE OF FRESH FRUITS. AND YEGETABLES FOR THE HUNDREDS OF FEEDING LUNCH PROGRAM WITH A NUMBER OF SCHOOLS. GEN HAS CONTINUED TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE. AND HAS INTRODUCED THE FOOD BANK TO GLOBAL RESOURCE PROVIDERS WITH INTERESTS IN ISRAEL. **MEXICO - FUNDING FROM GEN HAS ENABLED THE MEXICAN FOOD BANK IN TWO TO THE THE THE PROVIDER SWITH INTRODUCE SEVERAL NEW PROGRAMS TO FOOD BANKS IN THE COUNTRY TRAGETOR TO CHIEDREN AT INSIC MAN AND THE EXPANSION OF THE MEXICAN FOOD BANKS IN THE COUNTRY TRAGETOR TO CHIEDREN AT INSIC MAN AND THE AND THE AND THE PROVIDERS AND SERVICES FOR TWO OF THE MEXICAN FOOD BANKS OF CONTINUES TO INTRODUCE RESOURCES AND SERVICES FOR TWO OF THE MEXICAN FOOD BANKS OF CONTINUES TO INTRODUCE RESOURCES AND SERVICES FOR TWO OF THE MEXICAN FOOD BANKS OF CONTINUES TO INTRODUCE RESOURCE AND SERVICES FOR TWO OF THE MEXICAN FOOD BANK
		FOOD BANKING REGIONAL NETWORK, HAS TAKEN THE LEAD ON FOOD BANK DEVELOPMENT THROUGHOUT THE REGION. FOOD BANKS ARE NOW OPERATING IN: -IRAQ -JORDAN -LEBANON -MAURITANIA -PAKISTAN -SAUDI ARABIA
		-TUNISIA -UNITED ARAB EMIRATES
		(SEE CONTINUATION #3 BELOW)

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENT	SUPPORT FOR FOOD BANKS WHERE THEY EXIST (CONTINUATION #3)
III, LINE 4A		THE GLOBAL FOODBANKING NETWORK HAS CLOSE WORKING RELATIONSHIPS WITH SEVERAL REGIONAL NETWORKS OF FOOD BANKS, SPECIFICALLY THE EUROPEAN FEDERATION OF FOOD BANKS (FEBA), FEEDING AMERICA (FA), AND THE MIDDLE EAST/NORTH AFRICA FOOD BANKING REGIONAL NETWORK (FBRN).
		THESE FOOD BANKING NETWORKS EACH HAVE A UNIQUE ROLE IN THE SUPPORT AND PROMOTION OF FOOD BANKING IN THEIR RESPECTIVE REGIONS - FEBA SERVING EUROPE (WITH FOOD BANKING CURRENTLY OPERATING IN 21 COUNTRIES), FEEDING AMERICA SERVING ALL OF THE UNITED STATES AND PUERTO RICO, AND FBRN SERVING THE MIDDLE EAST AND NORTHERN AFRICA, AS WELL AS PAKISTAN.
		GFN WORKS TO SUPPORT ESTABLISHED FOOD BANK SYSTEMS OR HELP DEVELOP FOOD BANK SYSTEMS THROUGHOUT THE REST OF THE WORLD.
		GFN SHARES WITH THESE PARTNERS A COMMON MISSION TO ALLEVIATE HUNGER AND REDUCE FOOD WASTE VIA FOOD BANKING, AND WE COLLABORATE WITH THESE NETWORKS TO SHARE BEST PRACTICES, MOBILIZE RESOURCES, AND PROMOTE OUR MUTUAL INTERESTS IN SEEING A WORLD FREE FROM HUNGER.
FORM 990, PART	PROGRAM SERVICE ACCOMPLISHMENT	TRAINING AND TECHNICAL ASSISTANCE (CONTINUED)
III, LINE 4B		•H-E-B / GFN FOOD BANK LEADERSHIP INSTITUTE (CONTINUED) – THE MAYOR OF HOUSTON ATTENDED THIS EVENT. FBLI IS A VITAL PART OF ACHIEVING GFN'S MISSION TO ALLEVIATE GLOBAL HUNGER, AND SERVES TO ENHANCE OUR ABILITY TO PROMOTE FOOD BANKING AROUND THE WORLD. THE FOOD BANK LEADERSHIP INSTITUTE WILL RETURN TO HOUSTON IN MARCH, 2014.
		•TRAINING LIBRARY – GFN CONTINUES TO EXPAND THE LIBRARY OF TRAINING MATERIALS TO ASSIST FOOD BANKS AND FOOD BANK PLANNERS IN THEIR EFFORTS TO CREATE STRONGER, MORE EFFICIENT INFRASTRUCTURES.
FORM 990, PART	PROGRAM SERVICE ACCOMPLISHMENT	CREATE NATIONAL FOOD BANK SYSTEMS WHERE THEY ARE NEEDED (CONTINUED)
III, LINE 4C		•NIGERIA (CONTINUED) – GFN SUPPORT THROUGH THE FOOD BANK LEADERSHIP INSTITUTE AND VIA ONGOING COMMUNICATIONS HAS BEEN IMPORTANT TO THE DESIGN OF OPERATIONS. GFN HAS ALSO MADE CONNECTION BETWEEN THE FOOD BANK AND SEVERAL POTENTIAL GLOBAL RESOURCE PROVIDERS THAT HAVE PARTICULAR INTEREST IN NIGERIA. •URUGUAY – THE PRINCIPALS OF THE PLANNING TEAM IN URUGUAY ARE WORKING TO FORMALLY REGISTER THE FOOD BANK WITH THE URUGUAYAN GOVERNMENT. IDENTIFICATION OF A WAREHOUSE IS THE NEXT MAJOR NEED OF THE FOOD BANK. GFN HAS PROVIDED SUPPORT THROUGH THE FOOD BANK LEADERSHIP INSTITUTE AND VIA ONGOING COMMUNICATIONS THAT HAS BEEN HELPFUL IN THE LOCAL TEAM'S DEFINITION OF ADMINISTRATIVE AND OPERATIONAL POLICIES AND PROCEDURES. GFN HAS ALSO INTRODUCED SEVERAL POTENTIAL RESOURCE PROVIDERS, AND A GFN BOARD MEMBER WHO RESIDES IN ARGENTINA HAS EFFECTIVELY SERVED IN A MENTORING ROLE WITH THE URUGUAYAN PLANNING TEAM.
		THE EGYPTIAN FOOD BANK AND THE FOOD BANKING REGIONAL NETWORK, HAS RESULTED IN SIGNIFICANT EXPANSION OF FOOD BANKING DEVELOPMENT IN THE MIDDLE EAST / AFRICABAHRAIN -CHAD -KUWAIT
FORM 990, PART	DESCRIPTION OF OTHER PROGRAM	(EXPENSES \$ 208,008 INCLUDING GRANTS OF \$)(REVENUE \$)
III, LINE 4D	SERVICES	PUBLIC EDUCATION
		NEWSLETTERS, SOCIAL MEDIA, WEBSITE, EDUCATIONAL VIDEOS, AND OTHER MATERIALS TO EDUCATE THE PUBLIC.
FORM 990, PART	DESCRIPTION OF OTHER PROGRAM	(EXPENSES \$ 94,437 INCLUDING GRANTS OF \$)(REVENUE \$)
III, LINE 4D	SERVICES	FOOD SOURCING CAPACITY
		DEVELOPED STRONGER RELATIONSHIPS WITH MANY MAJOR MULTINATIONAL FOOD AND GROCERY COMPANIES AND ESTABLISHED RELATIONSHIPS WITH SOME NEW COMPANIES. CONTINUE TO PROVIDE TECHNICAL ASSISTANCE TO MEMBER FOOD BANKS TO FACILITATE INCREASED FOOD DONATIONS. ESTABLISHED RELATIONSHIPS WITH THREE MAJOR MULTINATIONAL CORPORATIONS TO DESIGN AND CONDUCT CORPORATE VOLUNTEER PROGRAMS IN MULTIPLE COUNTRIES. DEVELOPING TOOLS TO ASSIST WITH THIS PROGRAM AND FACILITATING INTRODUCTIONS BETWEEN LOCAL CORPORATE OFFICES AND LOCAL FOOD BANKS. THIS WILL GRANT FOOD BANKS ACCESS TO SPECIALIST SKILLS THAT THEY MIGHT NOT OTHERWISE BE ABLE TO OBTAIN.
FORM 990, PART	DESCRIPTION OF OTHER PROGRAM	(EXPENSES \$ 63,298 INCLUDING GRANTS OF \$)(REVENUE \$)
III, LIINE 4D	SERVICES	OTHER PROGRAM SERVICES
		•BACKPACK PROGRAM – CONTINUES TO OPERATE IN CULIACÁN AND LEON, MEXICO. EXPANSION TO OTHER LOCATIONS IS ANTICIPATED IN THE COMING YEAR. GFN SUPPORTS THE OPERATION AND EXPANSION OF THE PROGRAM THROUGH THE DELIVERY OF TECHNICAL ASSISTANCE AS WELL AS DIRECT SUPPORT THROUGH GRANTS TO ITS MEMBERS TO UNDERWRITE COSTS RELATED TO THE PROGRAM. •FMSC – ASSISTED THE MEXICAN NETWORK OF FOOD BANKS (AMBA) IN SECURING A

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		GENERAL NOT FOR PROFIT CORPORATION ACT TO BE APPROVED BY MEMBERS, BUT ONLY IF AND TO THE EXTENT THAT MEMBERS ARE EVER GIVEN THE RIGHT TO APPROVE SUCH ACT BY AMENDMENT TO THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS (MEMBERS HAVE NOT BEEN GIVEN SUCH RIGHT); (3)FILL VACANCIES ON THE BOD OR ANY OF ITS COMMITTEES; (4)ELECT, APPOINT OR REMOVE ANY OFFICER OR DIRECTOR OR MEMBER OF ANY COMMITTEE;
		(5)ADOPT, AMEND OR REPEAL THE BYLAWS OR THE ARTICLES OF INCORPORATION; (6)ADOPT A PLAN OF MERGER OR CONSOLIDATION OR AUTHORIZE THE SALE, LEASE, EXCHANGE OR MORTGAGE OR ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OR ASSETS OF THE CORPORATION; OR (7)AMEND, ALTER, REPEAL OR TAKE ACTION INCONSISTENT WITH ANY RESOLUTION OR
		ACTION OF THE BOD WHEN THE RESOLUTION OR ACTION OF THE BOD PROVIDES BY ITS TERMS THAT IT SHALL NOT BE AMENDED ALTERED OR REPEALED BY ACTION OF A COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THIS FORM 990 WAS INITIALLY PREPARED BY THE CORPORATION'S CHIEF FINANCIAL OFFICER ("CFO"), IN CONSULTATION WITH THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM (SELECTED BY THE BOD UPON THE RECOMMENDATION OF ITS AUDIT COMMITTEE). THE DRAFT WAS THEN REVIEWED BY THE CORPORATION'S OUTSIDE TAX PREPARATION FIRM, WHICH IN CONSULTATION WITH THE CFO MADE SUCH REVISIONS TO THE DRAFT AS IT CONSIDERED APPROPRIATE, AND THE DRAFT RESULTING FROM THAT REVIEW WAS CIRCULATED TO THE CORPORATION'S CHIEF EXECUTIVE OFFICER ("CEO"), SENIOR VICE PRESIDENT, NETWORK DEVELOPMENT, DIRECTOR OF DONOR RELATIONS, DIRECTOR OF COMMUNICATIONS, THE CORPORATION'S OUTSIDE LAW FIRM, 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 22, 2013, ALSO ATTENDED BY THE CFO AND REPRESENTATIVES FROM THE CORPORATION'S OUTSIDE TAX PREPARATION AND LAW FIRM. THE AUDIT COMMITTEE APPROVED THAT DRAFT FOR SUBMISSION TO THE BOD. THE DRAFT WAS PROVIDED TO ALL THE MEMBERS OF THE BOD IN ADVANCE OF, AND, APPROVED FOR FILING AT, A MEETING OF THE BOD HELD ON OCTOBER 23, 2013.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	PRIOR TO ITS AMENDMENT BY THE BOD ON OCTOBER 31, 2012, THE CORPORATION'S WRITTEN CONFLICT OF INTEREST POLICY (THE "ORIGINAL POLICY") COVERED DIRECTORS, PRINCIPAL OFFICERS AND MEMBERS OF ANY COMMITTEE WITH BOD-DELEGATED POWERS, WHO WERE REQUIRED TO COMPLY WITH THE ORIGINAL POLICY, DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THEREUNDER, AND SIGN AN ANNUAL DECLARATION INDICATING WHETHER THEY HAD ANY DIRECT OR INDIRECT FINANCIAL INTEREST (AS DEFINED IN THE ORIGINAL POLICY) AND AGREEING TO BRING TO THE BOD'S ATTENTION, THROUGH THE CHAIRPERSON AND VICE CHAIRPERSON, ANY FUTURE SITUATION NOT DISCLOSED IN THE DECLARATION. IN ADDITION, THE CORPORATION'S CONFLICT OF INTEREST POLICY FOR ALL EMPLOYEES CONTAINED IN ITS EMPLOYEE MANUAL (APPROVED BY THE FINANCE COMMITTEE) REQUIRES (AMONG OTHER THINGS) BOTH DISCLOSURE OF CONFLICTS AND COMPLETION OF AN ANNUAL DISCLOSURE STATEMENT THAT REFERENCES THE CORPORATION'S CONFLICT OF INTEREST POLICY.THE ORIGINAL POLICY WAS DISTRIBUTED ANNUALLY TO THE MEMBERS OF THE BOD AND ALL EMPLOYEES (INCLUDING KEY EMPLOYEES) ALONG WITH THE DECLARATION FORM.
		ON OCTOBER 31, 2012, THE BOD ADOPTED AN AMENDMENT AND RESTATEMENT OF THE ORIGINAL POLICY (THE "REVISED POLICY") TO (AMONG OTHER THINGS) COVER OFFICERS AND KEY EMPLOYEES AND DEFINE CERTAIN TERMS IN A MANNER CONSISTENT WITH THE INSTRUCTIONS FOR FORM 990 ISSUED BY THE INTERNAL REVENUE SERVICE. (THE CONFLICT-OF-INTEREST PROVISIONS OF THE EMPLOYEE MANUAL WERE NOT AMENDED BUT, UNDER THEIR TERMS, NOW INCORPORATE THE REVISED POLICY.) IN ADOPTING THE REVISED POLICY, THE BOD DECIDED THAT THE REVISED POLICY WILL BE DISTRIBUTED THREE TIMES A YEAR TO THE CORPORATION'S DIRECTORS, KEY EMPLOYEES AND ANY CORPORATE OFFICERS WHO ARE NOT KEY EMPLOYEES (WHO WILL BE ASKED TO COMPLETE THE DECLARATION ANNUALLY, AS PER CURRENT PRACTICE, AND WILL ALSO CONTINUE TO BE REQUIRED TO BRING TO THE BOD'S ATTENTION ANY POTENTIAL CONFLICT SITUATIONS THAT ARISE BETWEEN COMPLETED ANNUAL DECLARATIONS). THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE INTENDS TO BRING THE REVISED POLICY TO THE ATTENTION OF BOD CANDIDATES, AND OBTAIN A DECLARATION FROM THEM, AT THE APPROPRIATE STAGE IN THEIR CANDIDACIES AND PRIOR TO THE BOD VOTING THEREON.
		THE BOD (OR THE EXECUTIVE COMMITTEE, WHEN ACTING UNDER ITS DELEGATED AUTHORITY ON CONFLICT MATTERS; SEE THE RESPONSE TO ITEM 1A OF THIS PART VI) HAS, AND HAS (FROM TIME TO TIME, AS IT CONSIDERED APPROPRIATE) EXERCISED, THE POWER TO CONSIDER POTENTIAL CONFLICT SITUATIONS AS IT BECOMES AWARE OF THEM, DETERMINE (WITH THE COVERED PERSON RECUSED AFTER HAVING BEEN GIVEN THE OPPORTUNITY TO MAKE A PRESENTATION ON THE MATTER) WHETHER: A CONFLICT OF INTEREST EXISTS BY REASON OF A COVERED PERSON'S FINANCIAL INTEREST IN A TRANSACTION OR ARRANGEMENT INVOLVING THE CORPORATION; IF SO, WHETHER OR NOT THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH ANOTHER PERSON THAT WOULD NOT RESULT IN A CONFLICT; IF NOT, WHETHER OR NOT THE TRANSACTION OR ARRANGEMENT UNDER CONSIDERATION IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND FAIR AND REASONABLE, AND WHETHER THE TRANSACTION OR ARRANGEMENT SHOULD BE ENTERED INTO. THESE DELIBERATIONS ARE REQUIRED TO BE RECORDED IN THE MINUTES.
		THE BOD (OR EXECUTIVE COMMITTEE), IF IT HAS REASONABLE CAUSE TO BELIEVE A COVERED PERSON HAS FAILED TO DISCLOSE A KNOWN OR POSSIBLE CONFLICT OF INTEREST, AND AFTER AFFORDING THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE, IS REQUIRED TO TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE

Return Reference	Identifier	Explanation		
		ACTION.		
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE FINANCE COMMITTEE (WHICH CONSISTS OF MEMBERS OF THE BOD, NONE OF WHOM IS COMPENSATED FOR HIS OR HER SERVICE, AND DOES NOT INCLUDE ANY EMPLOYEES) REVIEWS THE CURRENT AND PROPOSED COMPENSATION OF THE CEO, THE CFO AND SUCH OF ITS OTHER CORPORATE OFFICERS AND/OR KEY EMPLOYEES AS THE COMMITTEE DETERMINES, REPORTS AT LEAST ANNUALLY TO THE BOARD REGARDING THE COMMITTEE'S CONCLUSIONS AND RECOMMENDATIONS CONCERNING THE CURRENT AND PROPOSED COMPENSATION OF THE CEO AND MAKES SUCH REPORTS AND/OR RECOMMENDATIONS TO THE BOD AS THE COMMITTEE DETERMINES APPROPRIATE REGARDING THE CURRENT AND PROPOSED EXECUTIVE COMPENSATION OF GFN'S CORPORATE OFFICERS AND/OR KEY EMPLOYEES.		
		IN CARRYING OUT THESE FUNCTIONS, THE COMMITTEE REVIEWS SELECTED CURRENT NONPROFIT SALARY SURVEYS WHICH CONSIDER THE SPECIFIC STAFF POSITION, BUDGET SIZE OF THE ORGANIZATION, TYPE OF ORGANIZATION, AND GEOGRAPHIC LOCATION. AFTER THIS REVIEW, THE COMMITTEE PRESENTS ITS FINDINGS AND RECOMMENDATIONS TO THE BOD FOR FINAL DISCUSSION AND APPROVAL.		
		THIS REVIEW OCCURS WITH THE ANNUAL BUDGETING PROCESS, USUALLY IN MAY OR JUNE. (IN ADDITION, AS PART OF ITS REVIEW OF THE CORPORATION' PROPOSED ANNUAL OPERATING BUDGET, THE COMMITTEE DISCUSSES STAFF COMPENSATION GENERALLY AS TO THOSE STAFF MEMBERS WHOSE INDIVIDUAL COMPENSATION IT DOES NOT REVIEW.) THE MOST RECENT REVIEW OCCURRED IN JUNE, 2013. THE DELIBERATIONS OF THE FINANCE COMMITTEE ARE CONTEMPORANEOUSLY MINUTED.		
FORM 990, PART	PROCESS USED TO ESTABLISH	SEE NARRATIVE FOR PART VI, LINE 15A.		
VI, SECTION B, LINE 15B	COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	THE POSITIONS COVERED UNDER THE PROCESS DESCRIBED IN PART VI, LINE 15A INCLUDE: - PRESIDENT AND CEO - CHIEF FINANCIAL OFFICER AND TREASURER - SR. VP NETWORK DEVELOPMENT AND SECRETARY - ASSISTANT SECRETARY - DIRECTOR OF DONOR RELATIONS		
FORM 990, PART VI, SECTION C, LINE 17	STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	AL, AK, AR, CA, CT, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WV, WI		
FORM 990, PART VI, LINE 18	PUBLIC INSPECTION FOR FORMS 990 AND 1023	THE CORPORATION MAKES ITS FORM 990 AVAILABLE THROUGH ITS OWN WEBSITE AND PROVIDES ITS FORM 1023 UPON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THE CORPORATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED TO ITS WEBSITE ANNUALLY. THE CORPORATION'S ANNUAL REPORTS (WHICH INCLUDE THE MOST RECENT AUDITED STATEMENTS OF FINANCIAL POSITION AND ACTIVITIES) ARE ALSO POSTED TO ITS WEBSITE ANNUALLY. THESE DOCUMENTS APPEAR UNDER THE "PUBLICATIONS" PAGE OF THE WEBSITE. THE CORPORATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC (OTHER THAN TO THE EXTENT THEY ARE INCLUDED IN ANOTHER DOCUMENT THAT IS PUBLICLY AVAILABLE).		
FORM 990 , PART	OTHER CHANGES IN NET ASSETS OR FUND	(a) Description (b) Amount		
XI, LINE 9	BALANCES	INCREASE IN NET ASSETS - IN-KIND 10,920		