

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20__

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

FOOD FOR THE POOR, INC.

59-2174510

Name and title of officer

ROBIN G. MAHFOOD

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	938210756
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MCGLADREY LLP

ERO firm name

to enter my PIN 74510

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Robin G. Mahfood*

Date ▶ 5/21/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50649838662

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Jewel Obudine*

Date ▶ 5/21/2012

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
123051
12-01-11

Form **8879-EO** (2011)

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)

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

A For the 2011 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 FOOD FOR THE POOR, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 6401 LYONS ROAD _____
 City or town, state or country, and ZIP + 4
 COCONUT CREEK, FL 33073-3602

D Employer identification number
 59-2174510

E Telephone number
 954-427-2222

F Name and address of principal officer: ROBIN G. MAHFOOD
 SAME AS C ABOVE

G Gross receipts \$ 939,497,353.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: WWW.FOODFORTHEPOOR.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982 **M State of legal domicile:** FL

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FOR THE BRIEF DESCRIPTION OF THE ORGANIZATION'S MISSION</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	406
	6 Total number of volunteers (estimate if necessary)	6	52
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	28,500.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-11,710.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,046,978,905.	938,218,153.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,644.	21,502.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,538.	-28,899.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,047,115,087.	938,210,756.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	986,154,736.	885,379,876.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	20,509,771.	21,589,395.
	b Total fundraising expenses (Part IX, column (D), line 25)	110,962.	59,034.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,791,241.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,054,382.	43,825,055.
	19 Revenue less expenses. Subtract line 18 from line 12	1,050,829,851.	950,853,360.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-3,714,764.	-12,642,604.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	39,602,242.	27,145,949.
		8,022,827.	8,270,772.
		31,579,415.	18,875,177.

Part II Signature Block

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

Sign Here
 Signature of officer _____ Date _____
 ROBIN G. MAHFOOD, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 THERESA A. BURDINE _____ _____ P00362629
 Firm's name MCGLADREY LLP Firm's EIN 42-0714325
 Firm's address 7351 OFFICE PARK PL MELBOURNE, FL 32940 Phone no. 321-751-6200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 621,373,737. including grants of \$ 621,373,737.) (Revenue \$) HEALTHCARE - FOOD FOR THE POOR SHIPPED OVER 588 TRACTOR-TRAILER LOADS OF MEDICINES AND MEDICAL SUPPLIES THAT HELP MAINTAIN CLINICS, HOSPITALS AND NUTRITIONAL CENTERS TO PROVIDE MUCH NEEDED MEDICAL CARE TO THE POOREST OF THE POOR. TO COMBAT THE SEVERE OUTBREAK OF CHOLERA IN HAITI, FOOD FOR THE POOR INSTALLED 30 SOLAR-POWERED WATER PURIFICATION UNITS IN THE AFFECTED ARTIBONITE AREA AND ELSEWHERE.

4b (Code:) (Expenses \$ 143,634,519. including grants of \$ 143,634,519.) (Revenue \$) BASIC NEEDS - FOOD FOR THE POOR DISTRIBUTES AID TO SUPPORT THE FEEDING, CLOTHING AND SHELTERING OF THE POOR. OVER 42 MILLION POUNDS OF FOOD INCLUDING RICE, BEANS, GRAIN, CANNED FOOD AND OTHER ASSORTED FOOD, ENOUGH TO FEED MILLIONS OF MALNOURISHED CHILDREN AND THEIR FAMILIES WAS DISTRIBUTED IN 2011. WE HAVE BUILT OVER 6,290 HOMES FOR FAMILIES IN NEED OF ADEQUATE SHELTER AND SINCE OUR INCEPTION IN 1982, HAVE CONSTRUCTED OVER 71,400 HOMES FOR THE POOR.

4c (Code:) (Expenses \$ 72,315,914. including grants of \$ 71,413,248.) (Revenue \$) EDUCATION - FOOD FOR THE POOR PROVIDED OVER 300 TRACTOR-TRAILER LOADS OF EDUCATIONAL FURNITURE, TEACHING MATERIALS AND OTHER SUPPLIES TO SCHOOLS, GIVING CHILDREN FROM DESTITUTE FAMILIES VALUABLE TOOLS FOR LEARNING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 78,154,182. including grants of \$ 59,426,194.) (Revenue \$)

4e Total program service expenses 915,478,352.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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 "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Questions include: 1a (voting members), 1b (independent members), 2-9 (relationships, delegation, changes, assets, members, power, decisions, documentation, and reachability).

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

Table with columns for question number, description, and Yes/No responses. Questions include: 10a (local chapters), 10b (policies for chapters), 11a (copy of Form 990), 11b (review process), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-b (CEO/other officers), 16a-b (joint ventures).

Section C. Disclosure

Table with columns for question number and description. Questions include: 17 (states for Form 990), 18 (public inspection methods), 19 (public availability of documents), 20 (person with books/records).

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBIN G MAHFOOD DIRECTOR, CEO, PRESIDENT	60.00	X		X			388,075.	0.	19,640.	
(2) BILL BENSON DIRECTOR	1.00	X					0.	0.	0.	
(3) GRACE BONINA DIRECTOR	1.00	X					0.	0.	0.	
(4) MOST REV PIERRE-ANDRE DUMAS DIRECTOR	1.00	X					0.	0.	0.	
(5) THE RT REV LEOPOLD FRADE DIRECTOR	1.00	X					0.	0.	0.	
(6) P TODD KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
(7) RHONDA MAINGOT DIRECTOR	1.00	X					0.	0.	0.	
(8) CARD RODRIGUEZ MARADIAGA DIRECTOR	1.00	X					0.	0.	0.	
(9) VERY REV BURCHELL MCPHERSON DIRECTOR	1.00	X					0.	0.	0.	
(10) LYNNE G NASRALLAH DIRECTOR	1.00	X					0.	0.	0.	
(11) VERY REV GREGORY RAMKISSOON DIRECTOR	1.00	X					0.	0.	0.	
(12) ANGEL ALOMA EXECUTIVE DIRECTOR	60.00			X			244,430.	0.	9,132.	
(13) ALVARO J PEREIRA EXECUTIVE VICE PRESIDENT	40.00			X			220,600.	0.	9,115.	
(14) DAVID PRICE SECRETARY & TREASURER	40.00			X			60,000.	0.	0.	
(15) DENNIS A NORTH CFO	40.00				X		152,380.	0.	9,148.	
(16) JOSE A SERRA INT'L PARTNERSHIP DIRECTOR	40.00					X	180,600.	0.	9,115.	
(17) NATALIE F CARLISLE VP MAJOR GIFTS	40.00					X	161,428.	0.	9,148.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer			
(18) MICHAEL ANTON PROJECTS DIRECTOR	40.00				X			133,257.	0.	18,217.
(19) MARK KHOURI GIK DIRECTOR	40.00				X			132,272.	0.	9,148.
(20) FREDERICK KHOURI COO	40.00				X			131,143.	0.	10,277.
1b Sub-total								1,804,185.	0.	102,940.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,804,185.	0.	102,940.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSS REID, 14384 COLLECTION CENTER DR, CHICAGO, IL 60693	ADVERTISING & PROMOTION	139,960.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	513,468.					
	b Membership dues	1b						
	c Fundraising events	1c	1,794,269.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	8,016,255.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	927,894,161.					
	g Noncash contributions included in lines 1a-1f: \$		838,195,584.					
	h Total. Add lines 1a-1f			938,218,153.				
Program Service Revenue	2 a	Business Code						
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,789.			13,789.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	86,250.					
		(ii) Personal						
		b Less: rental expenses	56,152.					
		c Rental income or (loss)	30,098.					
	d Net rental income or (loss)			30,098.			30,098.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	981,822.					
		(ii) Other						
		b Less: cost or other basis and sales expenses	974,109.					
		c Gain or (loss)	7,713.					
	d Net gain or (loss)			7,713.			7,713.	
	8 a Gross income from fundraising events (not including \$ 1,794,269. of contributions reported on line 1c). See Part IV, line 18	a	128,690.					
		b Less: direct expenses	256,336.					
c Net income or (loss) from fundraising events				-127,646.			-127,646.	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS REVENUE		900099	40,149.	40,149.				
b ADVERTISING REVENUE		541800	28,500.		28,500.			
c								
d All other revenue								
e Total. Add lines 11a-11d			68,649.					
12 Total revenue. See instructions.			938,210,756.	40,149.	28,500.	-76,046.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	188,896.	188,896.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	885,190,980.	885,190,980.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,142,988.	243,340.	899,648.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,894,422.	6,123,654.	3,112,277.	6,658,491.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	284,230.	102,214.	67,702.	114,314.
9 Other employee benefits	2,982,704.	1,092,292.	607,121.	1,283,291.
10 Payroll taxes	1,285,051.	465,358.	289,405.	530,288.
11 Fees for services (non-employees):				
a Management				
b Legal	16,577.		16,577.	
c Accounting	71,799.		71,799.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	59,034.			59,034.
f Investment management fees				
g Other				
12 Advertising and promotion	12,780,030.	140,718.	27,553.	12,611,759.
13 Office expenses	6,233,943.	209,742.	381,589.	5,642,612.
14 Information technology	264,928.	21,211.	124,549.	119,168.
15 Royalties				
16 Occupancy	405,236.	160,344.	155,723.	89,169.
17 Travel	2,276,701.	1,602,073.	114,832.	559,796.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,569.	20,061.	6,071.	19,437.
20 Interest	87,376.	28,689.	46,136.	12,551.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	599,901.	133,353.	466,548.	
23 Insurance	170,036.		167,906.	2,130.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FREIGHT	18,332,851.	18,257,952.	8,242.	66,657.
b MISCELLANEOUS	2,045,334.	1,497,475.	525,315.	22,544.
c UNCOLLECTIBLE PLEDGES	494,774.		494,774.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	950,853,360.	915,478,352.	7,583,767.	27,791,241.
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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,681,931.	1	7,928,348.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,552,887.	3	1,209,316.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	216,752.	7	155,675.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	175,704.	9	182,290.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,205,127.		
	b Less: accumulated depreciation	10b 3,870,953.	16,639,500.	10c 16,334,174.
	11 Investments - publicly traded securities	239,722.	11	85,030.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,095,746.	15	1,251,116.
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,602,242.	16	27,145,949.	
Liabilities	17 Accounts payable and accrued expenses	4,221,359.	17	5,193,393.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,801,468.	23	3,077,379.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,022,827.	26	8,270,772.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,998,368.	27	17,563,883.
	28 Temporarily restricted net assets	1,581,047.	28	1,311,294.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	31,579,415.	33	18,875,177.	
34 Total liabilities and net assets/fund balances	39,602,242.	34	27,145,949.	

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	938,210,756.
2	Total expenses (must equal Part IX, column (A), line 25)	2	950,853,360.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,642,604.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,579,415.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-61,634.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,875,177.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: **FOOD FOR THE POOR, INC.** Employer identification number: **59-2174510**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1034671708.	1513923690.	1086334279.	1046978905.	938,218,153.	5620126735.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1034671708.	1513923690.	1086334279.	1046978905.	938,218,153.	5620126735.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5620126735.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1034671708.	1513923690.	1086334279.	1046978905.	938,218,153.	5620126735.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,816.	116,644.	110,366.	139,150.	100,039.	627,015.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	9,711.	4,675.	2,900.	8,000.	28,500.	53,786.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						5620807536.
12 Gross receipts from related activities, etc. (see instructions)					12	774,027.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 79,947,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 312,508,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 20,341,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.		(c) Total contributions	(d) Type of contribution
1	—	\$ 47,356,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	—	\$ 20,179,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	—	\$ 35,968,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	—	\$ 29,423,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	—	\$ 97,026,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	—	\$ 104,766,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PHARMACEUTICALS, MEDICAL SUPPLIES & GENERAL SUPPORT	\$ 47,356,972.	12/31/11
2	GENERAL SUPPORT, MEDICAL SUPPLIES & FURNITURE, FOOTWEAR, NUTRITIONAL DRINKS AND WATER	\$ 20,179,313.	12/31/11
3	PHARMACEUTICALS, MEDICAL & HOUSEHOLD SUPPLIES AND GENERAL SUPPORT	\$ 35,968,865.	12/31/11
4	PHARMACEUTICALS	\$ 29,423,816.	12/31/11
5	PHARMACEUTICAL & MEDICAL SUPPLIES, CLOTHING, SOAP, DIAPERS AND GENERAL SUPPORT.	\$ 97,026,482.	12/31/11
6	PHARMACEUTICALS AND MEDICAL SUPPLIES	\$ 104,766,148.	12/31/11

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	PERSONAL CARE, HOUSEHOLD ITEMS, FOOD ITEMS AND GENERAL SUPPORT	\$ 79,947,271.	12/31/11
8	PHARMACEUTICALS, EDUCATIONAL & MEDICAL SUPPLIES AND GENERAL SUPPORT	\$ 312,508,135.	12/31/11
9	PERSONAL CARE, CLOTHING, MEDICAL SUPPLIES AND GENERAL SUPPORT	\$ 20,341,992.	12/31/11
		\$	
		\$	
		\$	

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
---	--

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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **FOOD FOR THE POOR, INC.** Employer identification number **59-2174510**

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

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,140,388.		6,140,388.
b Buildings		9,869,350.	1,108,994.	8,760,356.
c Leasehold improvements		625,977.	140,845.	485,132.
d Equipment		2,882,029.	2,137,519.	744,510.
e Other		687,383.	483,595.	203,788.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,334,174.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	-1	938,210,756.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	950,853,360.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-12,642,604.
4	Net unrealized gains (losses) on investments	4	-61,634.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-61,634.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-12,704,238.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	938,461,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-61,634.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-61,634.
3	Subtract line 2e from line 1	3	938,523,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-312,488.
c	Add lines 4a and 4b	4c	-312,488.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	938,210,756.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	951,165,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	312,488.
e	Add lines 2a through 2d	2e	312,488.
3	Subtract line 2e from line 1	3	950,853,360.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	950,853,360.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FIN 48 FINANCIAL STATEMENT FOOTNOTE:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS EXEMPT FROM FEDERAL TAXES

AS AN ORGANIZATION EXCEPT THAT UNRELATED BUSINESS INCOME IS TAXABLE. THE

ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME TAX DURING THE

YEAR ENDED DECEMBER 31, 2011.

PART XII, LINE 4B:

Part XIV Supplemental Information *(continued)*

RENTAL EXPENSES \$(56,152)

EVENT EXPENSES \$(256,336)

PART XIII, LINE 2D:

RENTAL EXPENSES \$56,152

EVENT EXPENSES \$256,336

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES, GRANTMAKING	EDUCATIONAL PROGRAMS, FOOD, CLOTHING & SHELTER, HEALTHCARE PROGRAMS, COMMUNITY	802,140,801.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE	PHARMACEUTICALS	16,543,367.
NORTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	FURNITURE, FOOD, CLOTHING, GENERAL SUPPORT, MEDICAL EQUIPMENT & SUPPLIES,	6,835,989.
SOUTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	COMMUNITY SUPPORT & DEVELOPMENT, FOOD, CLOTHING & SHELTER, AND PROGRAM DISTRIBUTIONS	53,406,179.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HEALTHCARE PROGRAMS	7,718,685.
3 a Sub-total	0	0			886,645,021.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			886,645,021.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,514,282.	FOOD, APPLIANCES, BUILDING MATERIALS, CLOTHING, PHARMACEUTICALS, FOOD, BUILDING MATERIALS, BOOKS, CLOTHING, SEEDS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		58,989,851.	FOOD, BUILDING MATERIALS, BOOKS, CLOTHING, SEEDS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		14,844.	MUSICAL INSTRUMENTS & FURNITURE	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		74,921,232.	FURNITURE, FOOD, MEDICAL SUPPLIES, BOOKS, CLOTHING, BUILDING SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		14,068.	ELECTRICAL & BUILDING SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		127,399.	FURNITURE	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		142,548.	FURNITURE	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		17,344.	KEYBOARDS, CLOTHING, SOLAR EQUIPMENT	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 157

3 Enter total number of other organizations or entities 157

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,379.	FURNITURE, APPLIANCES, HOUSEHOLD ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		388,583.	CLOTHING, HOUSEHOLD ITEMS, APPLIANCES, RELIGIOUS &	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,328,413.	FOOD & FURNITURE	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,031.	CLOTHING, HEALTHCARE ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		35,226.	VEHICLE	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		597,044.	MEDICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.			BUILDING MATERIALS, FURNITURE, SCHOOL SUPPLIES	FMV
			NORTH AMERICA - CANADA AND MEXICO	CHARITABLE AID	0.		6,835,989.	ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,199,768.	PHARMACEUTICALS & ORTHOPEDIC SUPPLIES	FMV

Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		772,301.	PHARMACEUTICALS FOOD, BUILDING SUPPLIES, CLOTHING, CHILDREN'S BOOKS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		8,419.		FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,844.	VEHICLE AND ASSORTED ITEMS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.			AGRICULTURAL TOOLS, BUILDING SUPPLIES, BOOKS, CLOTHES,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,630,021.		FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		136,743.	MEDICAL SUPPLIES	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.			BUILDING SUPPLIES, CLOTHING, FOOD, HOUSEHOLD ITEMS,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,921,265.	AGRICULTURAL TOOLS, KITCHEN & BUILDING SUPPLIES,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		73,936,191.		FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		13,725.	SCHOOL BUS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		181,025.	FURNITURE AND ASSORTED ITEMS	FMV	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		101,432.	FOOD AND OTHER ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		47,514,576.	AGRICULTURAL TOOLS, BUILDING MATERIALS, CLOTHING,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		37,190.	FOOD	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,428,082.	MEDICAL FURNITURE AND SUPPLIES	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		2,476,324.	PHARMACEUTICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		10,524.	APPLIANCES	FMV
			EAST ASIA AND THE PACIFIC	CHARITABLE AID	0.		16,422,257.	PHARMACEUTICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		121,110.	PHARMACEUTICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		44,540.	ASSORTED ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		42,928.	OFFICE SUPPLIES, HOUSEHOLD ITEMS, BOOKS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		58,720.	MUSICAL INSTRUMENTS, HOSPITAL BEDS, MEDICAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		115,777.	FOOD	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		13,162,284.	BUILDING SUPPLIES, CLOTHING, MEDICAL EQUIPMENT &	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		157,571,376.	BUILDING SUPPLIES, FOOD, CLOTHING, MEDICAL EQUIPMENT &	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		4,092,172.	BUILDING SUPPLIES, FOOD, CLOTHING, MEDICAL EQUIPMENT &	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,335,017.	BUILDING SUPPLIES, FOOD, CLOTHING, MEDICAL EQUIPMENT &	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		8,811.	VEHICLE	FMV
		SUB-SAHARA AFRICA	CHARITABLE AID	0.		7,715,685.	PHARMACEUTICALS & MEDICAL SUPPLIES	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		470,427.	FOOD, FURNITURE, MEDICAL EQUIPMENT & FURNITURE, KITCHEN SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,378,077.	AGRICULTURAL TOOLS, APPLIANCES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		25,456.	FISHING EQUIPMENT & BOAT PARTS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		321,466.	MUSICAL INSTRUMENTS, FISHING EQUIPMENT, SOLAR	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		25,454.	BUS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		45,020,469.	AGRICULTURAL TOOLS, APPLIANCES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		38,068,443.	AGRICULTURAL TOOLS, APPLIANCES, COMPUTERS,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		76,189,708.	APPLIANCES, COMPUTERS, EDUCATIONAL MATERIALS,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,131,196.	SCHOOL FURNITURE AND OTHER ASSORTED ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,492.	ASSORTED ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		692,708.	PHARMACEUTICALS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		712,073.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		42,850,107.	PHARMACEUTICALS, MEDICAL SUPPLIES, SCHOOL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		296,835.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		58,038,200.	COMPUTER EQUIPMENT, FOOD, BUILDING SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,699,336.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		966,133.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,275,810.	MEDICAL SUPPLIES, OFFICE FURNITURE, HOUSEHOLD ITEMS, PHARMACEUTICALS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,075.	COMPUTER EQUIPMENT	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,895.	APPLIANCES, BUILDING SUPPLIES, FURNITURE,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		229,085.	ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		32,754.	FLOORING & OTHER ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		25,454.	TRACTOR HEADS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		15,914.	ELECTRONIC EQUIPMENT	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		287,132.	BUILDING SUPPLIES, HOUSEHOLD ITEMS, COMPUTER, MUSICAL INSTRUMENTS, BOOKS, SCHOOL	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		175,530.	PHARMACEUTICALS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		115,639.	ASSORTED ITEMS	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		6,473.	APPLIANCES, HOUSEHOLD ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		10,241.	CLOTHING, FOOD, OFFICE SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,587.	CLOTHING BUILDING SUPPLIES, FOOD, CLOTHING, MEDICAL SUPPLIES, MUSICAL	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		4,402,505.		FMV
			SOUTH AMERICA	CHARITABLE AID	0.		2,555,587.	MEDICAL SUPPLIES, PHARMACEUTICALS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		21,945.	ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		55,621.	CLOTHING, TELEVISION, OTHER ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		56,468.	ASSORTED ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		28,973.	MEDICAL EQUIPMENT & FURNITURE, APPLIANCES	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,020,509.	BUILDING SUPPLIES, FOOD, FURNITURE, HOUSEHOLD ITEMS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,197.	APPLIANCES	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		409,651.	AGRICULTURAL EQUIPMENT, APPLIANCES, BUILDING	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		63,272.	ASSORTED ITEMS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		38,144.	BUILDING SUPPLIES, CLOTHING, HOUSEHOLD ITEMS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,936,127.	BUILDING SUPPLIES, FOOD, FURNITURE, HOUSEHOLD ITEMS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		11,100,697.	AGRICULTURAL SUPPLIES, BUILDING MATERIALS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		24,993.	BUILDING MATERIALS, FURNITURE, HOUSEHOLD ITEMS	FMV	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,410.	ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		61,800.	CLOTHING, FURNITURE, MEDICAL EQUIPMENT & SUPPLIES,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		74,266,240.	FOOD, FURNITURE, BLANKETS, MEDICAL SUPPLIES, VEHICLES,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,140.	VEHICLE	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,795,313.	BUILDING MATERIALS, CLOTHING, BOOKS, FURNITURE,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,401.	ASSORTED ITEMS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		11,726.	GENERATOR	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		14,179.	FISHING SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,157.	ASSORTED ITEMS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,025.	CLOTHING, HOUSEHOLD ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		76,917.	CLOTHING, TELEVISION, MEDICAL EQUIPMENT & SUPPLIES, SPORT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		11,518.	GENERATOR	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		42,159.	BUILDING MATERIALS, CLOTHING, BOOKS, FURNITURE,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		21,100.	APPLIANCES, BUILDING SUPPLIES, FURNITURE,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,254.	CLOTHING, COMPUTER EQUIPMENT, MUSICAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		39,635.	BOOKS, CLOTHING, COMPUTER EQUIPMENT, FOOD, HOUSEHOLD ITEMS,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,732.	BOOKS, SEWING MACHINE, OTHER ASSORTED ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		65,705.	BOOKS, HOUSEHOLD ITEMS, MEDICAL SUPPLIES, PHARMACEUTICALS,	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		17,143.	PHARMACEUTICALS, MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		49,594.	APPLIANCES, BUILDING MATERIALS, HOUSEHOLD ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		167,115.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		69,044.	FURNITURE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,470,552.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	9,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	18,625.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,893,223.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	44,678	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	804,160	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,000	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	20,000	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,509	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	326,764	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,578	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,360	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	56,000	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHARITABLE AID	8,471.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,749.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	520,161.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	432,684.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	2,900,075.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	1,555,835.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	137,398.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,454,549.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	3,975,067.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	23,000.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	11,950.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	279,348.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	190,000.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	32,590.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	66,750.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	14,698.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	25,083.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	13,412.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	209,553.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	31,219.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	13,197.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	36,979.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,400.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	36,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	250,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	12,127.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	236,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	6,310.	CHECK OR WIRE TRANSFER	0.		

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)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: FEEDBACK REPORTS ARE RECEIVED DETAILING HOW

GOODS AND GRANTS ARE USED IN THE FIELD. EMAILS, PHONE CALLS AND OTHER

CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: EDUCATIONAL PROGRAMS, FOOD,

CLOTHING & SHELTER, HEALTHCARE PROGRAMS, COMMUNITY SUPPORT & DEVELOPMENT,

AND PROGRAM DISTRIBUTIONS.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FURNITURE, FOOD, CLOTHING,

GENERAL SUPPORT, MEDICAL EQUIPMENT & SUPPLIES, FURNITURE

PART II, COLUMN (H):

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, APPLIANCES, BUILDING

MATERIALS, CLOTHING, HOUSEHOLD ITEMS, SPORT EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, HOUSEHOLD ITEMS,

APPLIANCES, RELIGIOUS & SCHOOL SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, BUILDING

SUPPLIES, BOOKS, CLOTHES, FURNITURE, HOUSEHOLD ITEMS, MUSICAL INSTRUMENTS

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, CLOTHING,
FOOD, HOUSEHOLD ITEMS, MEDICAL SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, KITCHEN &
BUILDING SUPPLIES, CLOTHING, BOOKS, FOOD, FURNITURE, MEDICAL SUPPLIES,
TOYS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, BUILDING
MATERIALS, CLOTHING, COMPUTERS, FOOD, FURNITURE, HOUSEHOLD ITEMS, MEDICAL
& PHARMACEUTICAL SUPPLIES, MUSICAL INSTRUMENTS,

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MUSICAL INSTRUMENTS, HOSPITAL
BEDS, MEDICAL EQUIPMENT, RELIGIOUS ITEMS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, CLOTHING,
MEDICAL EQUIPMENT & SUPPLIES, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,
CLOTHING, MEDICAL EQUIPMENT & SUPPLIES, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,
CLOTHING, MEDICAL EQUIPMENT & SUPPLIES, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,
CLOTHING, MEDICAL EQUIPMENT & SUPPLIES, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, FURNITURE, MEDICAL
EQUIPMENT & FURNITURE, KITCHEN SUPPLIES, OFFICE SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, APPLIANCES,
BUILDING MATERIALS, CLOTHING, MUSICAL INSTRUMENTS, HOUSEHOLD ITEMS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: MUSICAL INSTRUMENTS, FISHING
EQUIPMENT, SOLAR EQUIPMENT

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, APPLIANCES,
BUILDING MATERIALS, CLOTHING, FOOD, FURNITURE, HOUSEHOLD ITEMS, MEDICAL
SUPPLIES, TOYS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL TOOLS, APPLIANCES,
COMPUTERS, EDUCATIONAL MATERIALS, BUILDING MATERIALS, CLOTHING, FOOD,

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

FURNITURE, HOUSEHOLD ITEMS, MEDICAL SUPPLIES & EQUIPMENT, TOYS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: APPLIANCES, COMPUTERS,

EDUCATIONAL MATERIALS, BUILDING MATERIALS, CLOTHING, FOOD, BOOKS,

FURNITURE, HOUSEHOLD ITEMS, MEDICAL SUPPLIES & EQUIPMENT, TOYS, VEHICLE

PARTS, WATER TREATMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: COMPUTER EQUIPMENT, FOOD,

BUILDING SUPPLIES, CLOTHING, EDUCATIONAL SUPPLIES, FURNITURE, HOUSEHOLD

ITEMS, MEDICAL EQUIPMENT & SUPPLIES, MUSICAL INSTRUMENTS, TOYS, RELIGIOUS

MATERIALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: APPLIANCES, BUILDING SUPPLIES,

FURNITURE, HOUSEHOLD ITEMS, TOYS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSEHOLD ITEMS, COMPUTER,

MUSICAL INSTRUMENTS, BOOKS, SCHOOL SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,

CLOTHING, MEDICAL SUPPLIES, MUSICAL INSTRUMENTS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,

FURNITURE, HOUSEHOLD ITEMS, MEDICAL EQUIPMENT, MUSICAL INSTRUMENTS,

RELIGIOUS SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL EQUIPMENT,

APPLIANCES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT, FOOD,

FURNITURE, HOUSEHOLD ITEMS, OFFICE & RELIGIOUS SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, CLOTHING,

HOUSEHOLD ITEMS, MEDICAL EQUIPMENT & FURNITURE & SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, FOOD,

FURNITURE, HOUSEHOLD ITEMS, MEDICAL EQUIPMENT & SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: AGRICULTURAL SUPPLIES, BUILDING

MATERIALS, CLOTHING, FOOD, FURNITURE, MEDICAL SUPPLIES, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, FURNITURE, MEDICAL

EQUIPMENT & SUPPLIES, HOUSEHOLD ITEMS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, FURNITURE, BLANKETS,

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

MEDICAL SUPPLIES, VEHICLES, PHARMACEUTICALS, TRACTOR EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING MATERIALS, CLOTHING,

BOOKS, FURNITURE, HOUSEHOLD ITEMS, MEDICAL SUPPLIES, SPORT EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, TELEVISION, MEDICAL

EQUIPMENT & SUPPLIES, SPORT EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING MATERIALS, CLOTHING,

BOOKS, FURNITURE, HOUSEHOLD ITEMS, MEDICAL SUPPLIES, SPORT EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: APPLIANCES, BUILDING SUPPLIES,

FURNITURE, HOUSEHOLD ITEMS

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, COMPUTER EQUIPMENT,

MUSICAL INSTRUMENTS, RELIGIOUS MATERIALS, OFFICE EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS, CLOTHING, COMPUTER

EQUIPMENT, FOOD, HOUSEHOLD ITEMS, MEDICAL EQUIPMENT, TOYS, RELIGIOUS

SUPPLIES

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS, HOUSEHOLD ITEMS, MEDICAL

SUPPLIES, PHARMACEUTICALS, SCHOOL SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: APPLIANCES, BUILDING MATERIALS,

HOUSEHOLD ITEMS, TOYS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization: **FOOD FOR THE POOR, INC.** Employer identification number: **59-2174510**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
STRATEGIC FUNDRAISING - 7591 9TH ST N, ST. PAUL, MN 55128	PHONE SOLICITATION OF LAPSE DONORS		X	59,707.	59,034.	673.
Total				59,707.	59,034.	673.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, AZ, CA, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MI, MN, MO, MT, NC, ND, OH, OK, OR, PA
RI, SC, TN, UT, VA, WA, WI, WV, AK, HI, ID, IA, MA, MS, NH, NJ, NM, NY, SD, TX, VT, CO

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA - BOCA RATON (event type)	GALA - PALM BEACH (event type)	13 (total number)		
Revenue	1	Gross receipts	360,850.	214,250.	1,347,859.	1,922,959.
	2	Less: Charitable contributions	307,885.	185,750.	1,300,634.	1,794,269.
	3	Gross income (line 1 minus line 2)	52,965.	28,500.	47,225.	128,690.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	83,814.	49,511.	123,011.	256,336.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(256,336)
	11	Net income summary. Combine line 3, column (d), and line 10				-127,646.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%	
b An outside facility	13b	%	
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization: **FOOD FOR THE POOR, INC.** Employer identification number: **59-2174510**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUGHTERS OF CHARITY 500 NW 63RD AVENUE MIAMI, FL 33126	65-0681310	501(C)(3)	0.	10,524.	FAIR MARKET VALUE	APPLIANCES	CHARITABLE AID
NEW HOPE CHARITIES FAMILY CENTER 7450 STATE ROAD 15 PAHOKEE, FL 33476	65-0128327	501(C)(3)	0.	63,272.	FAIR MARKET VALUE	FOOD, HYGIENE KITS, BOOKS, & CLEANING ITEMS	CHARITABLE AID
ARN FOUNDATION 4134 VENTURA AVENUE CORAL GABLES, FL 33133	36-7485315	501(C)(3)	75,000.	0.			CHARITABLE AID
LORD OF LIFE LUTHERAN CHURCH 5114 TWINBROOK ROAD FAIRFAX, VA 22032	54-1853313	501(C)(3)	7,000.	0.			CHARITABLE AID
MANO A MANO 111 FISHHOOK PARK ROAD PRESCOTT, WA 99348	91-1756994	501(C)(3)	5,000.	0.			CHARITABLE AID
OUR LITTLE ROSES PO BOX 464 SOMERSET, VA 22972	54-1663713	501(C)(3)	24,000.	0.			CHARITABLE AID

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **8.**

3 Enter total number of other organizations listed in the line 1 table: **8.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2011)**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM OF LIFE 2136 NW 8TH STREET FL LAUDERDALE, FL 33311	65-0979102	501(C)(3)	1,500.	0.			CHARITABLE AID
THE ROBERT FORD HATIAN ORPHANAGE & SCHOOL FOUNDATION - 3522 RED HILL ROAD - CHARLOTTESVILLE, VA 22903	54-2095144	501(C)(3)	2,600.	0.			CHARITABLE AID

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FEEDBACK REPORTS ARE RECEIVED DETAILING HOW

GOODS AND GRANTS ARE USED IN THE FIELD. EMAILS, PHONE CALLS AND OTHER

CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
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										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:										
a Receive a severance payment or change-of-control payment?		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
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 compensation contingent on the revenues of:										
a The organization?		X								
b Any related organization?		X								
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:										
a The organization?		X								
b Any related organization?		X								
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		X								
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		X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

Schedule J (Form 990) 2011

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBIN G MAHFOOD	(i) 387,475.	600.	0.	0.	25,835.	413,910.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 ANGEL ALOMA	(i) 243,830.	600.	0.	7,315.	11,179.	262,924.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 ALVARO J PEREIRA	(i) 220,000.	600.	0.	6,600.	11,134.	238,334.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 DENNIS A NORTH	(i) 151,780.	600.	0.	4,554.	11,234.	168,168.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 JOSE A SERRA	(i) 180,000.	600.	0.	0.	11,132.	191,732.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 NATALIE F CARLISLE	(i) 160,828.	600.	0.	4,826.	10,866.	177,120.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 MICHAEL ANTON	(i) 132,657.	600.	0.	4,253.	19,728.	157,238.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: FOOD FOR THE POOR, INC. Employer identification number: 59-2174510

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 3 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization? (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARGARET ANTON	FAMILY RELATIONSHIP	60,547.	EMPLOYMENT		X
MICHAEL ANTON	FAMILY RELATIONSHIP	157,238.	EMPLOYMENT		X
KIM WILLIAMS	FAMILY RELATIONSHIP	77,433.	EMPLOYMENT		X
GERALD MAHFOOD JR	FAMILY RELATIONSHIP	12,225.	EMPLOYMENT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Open to Public Inspection

Name of the organization: **FOOD FOR THE POOR, INC.** Employer identification number: **59-2174510**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		37,106,290.	WHOLESALE VALUE
5	Clothing and household goods	X		121,993,681.	WHOLESALE VALUE
6	Cars and other vehicles	X	5	104,153.	WHOLESALE VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	558	15,621,557.	WHOLESALE VALUE
20	Drugs and medical supplies	X	4,487	606,293,582.	WHOLESALE - SEE SCH O
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (BLDG & AGRICU)	X	502	24,625,377.	WHOLESALE VALUE
26	Other (GEN SUPPORT)	X	617	18,933,844.	WHOLESALE VALUE
27	Other (EDUCATIONAL S)	X	399	13,178,084.	WHOLESALE VALUE
28	Other (RELIGIOUS MAT)	X	59	339,013.	WHOLESALE VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE AID AS TO IMPROVE THE HEALTH, ECONOMIC, SOCIAL AND SPIRITUAL
CONDITIONS OF THE POOR THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO LINK THE CHURCH OF THE FIRST WORLD WITH THE CHURCH OF
THE THIRD WORLD IN A MANNER THAT HELPS BOTH THE MATERIALLY POOR AND THE
POOR IN SPIRIT. THE MATERIALLY POOR ARE SERVED BY LOCAL CHURCHES,
CLERGY AND LAY LEADERS WHO HAVE BEEN EMPOWERED AND SUPPLIED WITH GOODS
BY FOOD FOR THE POOR. THE POOR IN SPIRIT ARE RENEWED BY THEIR
RELATIONSHIP WITH AND SERVICE TO THE POOR THROUGH OUR DIRECT MINISTRY
OF TEACHING, ENCOURAGEMENT AND PRAYER. ULTIMATELY, WE SEEK TO BRING
BOTH BENEFACTORS AND RECIPIENTS TO A CLOSER UNION WITH OUR LORD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY SUPPORT & DEVELOPMENT

EXPENSES \$ 78,154,182. INCLUDING GRANTS OF \$ 59,426,194. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: AN INITIAL DRAFT OF THE FORM 990 IS

REVIEWED BY THE PRESIDENT, CFO AND CONTROLLER FOR ACCURACY BEFORE THE

RETURN IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO THE AUDIT

COMMITTEE FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE TAX-EXEMPT ORGANIZATION

MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

THROUGH ANNUAL RELATED PARTY CONFIRMATIONS SIGNED BY MEMBERS OF THE BOARD

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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AND BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15A: A SUBCOMMITTEE OF THE BOARD REVIEWS

COMPARABILITY DATA AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL

OF THE PRESIDENT'S COMPENSATION PACKAGE. THE PRESIDENT MAKES

RECOMMENDATIONS TO THE BOARD REGARDING COMPENSATION OF OTHER KEY EMPLOYEES

AS PART OF THE ANNUAL BUDGETARY PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, AR, CA, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC

ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI

FORM 990, PART VI, SECTION C, LINE 19: THE TAX-EXEMPT ORGANIZATION MAKES

ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE

PUBLIC UPON REQUEST. THE ANNUAL REPORT CONTAINS A BRIEF SUMMARY OF THE

FINANCIAL STATEMENTS AND THE COMPLETE FINANCIAL STATEMENTS ARE MADE

AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -61,634.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEARS.

FORM 990, SCHEDULE M, LINE 20

METHOD OF DETERMINING NONCASH CONTRIBUTION AMOUNT

DURING 2011, FOOD FOR THE POOR, INC. INTEGRATED NEWLY-ACQUIRED COSTING

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

DATA, SUPPLIED BY A RECOGNIZED AND PUBLISHED PHARMACEUTICAL RESOURCE,
 WITH THEIR ACCOUNTING SOFTWARE THAT ENABLES PHARMACEUTICAL GIFT IN KIND
 CONTRIBUTIONS TO BE VALUED AT THEIR ESTIMATED WHOLESALE ACQUISITION
 COST (WAC) ON A DRUG-BY-DRUG BASIS. PRIOR TO THIS INTEGRATION,
 PHARMACEUTICAL CONTRIBUTIONS WERE VALUED AT THEIR ESTIMATED WHOLESALE
 VALUE USING A DISCOUNTED PERCENTAGE ON AN OVERALL BASIS. PHARMACEUTICAL
 GIK CONTRIBUTIONS ACQUIRED FROM NON-US DONORS FOR PRODUCTS LEGALLY
 PERMISSIBLE TO BE SOLD OUTSIDE THE UNITED STATES ARE VALUED BASED UPON
 THE WHOLESALE MARKET PRICE IN THE COUNTRIES REPRESENTING THE PRINCIPAL
 EXIT MARKETS FOR THOSE PRODUCTS

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number
59-2174510

FOOD FOR THE POOR, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOOD FOR THE POOR FOUNDATION - 65-0469691 6401 LYONS ROAD COCONUT CREEK, FL 33073	FURTHERANCE OF FOOD FOR THE POOR'S MISSION	FLORIDA	501(C)(3)	LINE 7	FOOD FOR THE POOR, INC.		X
FOOD FOR THE POOR CANADA 257 JEDBURGH ROAD TORONTO, ONTARIO, CANADA M5M 3K3	FURTHERANCE OF FOOD FOR THE POOR'S MISSION IN CANADA	CANADA	501(C)(3)	LINE 7	FOOD FOR THE POOR, INC.		X

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			X
b	Gift, grant, or capital contribution to related organization(s)		X	
c	Gift, grant, or capital contribution from related organization(s)			X
d	Loans or loan guarantees to or for related organization(s)			X
e	Loans or loan guarantees by related organization(s)			X
f	Sale of assets to related organization(s)			X
g	Purchase of assets from related organization(s)			X
h	Exchange of assets with related organization(s)			X
i	Lease of facilities, equipment, or other assets to related organization(s)			X
j	Lease of facilities, equipment, or other assets from related organization(s)			X
k	Performance of services or membership or fundraising solicitations for related organization(s)			X
l	Performance of services or membership or fundraising solicitations by related organization(s)			X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
n	Sharing of paid employees with related organization(s)			X
o	Reimbursement paid to related organization(s) for expenses			X
p	Reimbursement paid by related organization(s) for expenses			X
q	Other transfer of cash or property to related organization(s)			X
r	Other transfer of cash or property from related organization(s)			X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(1)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
	FOOD FOR THE POOR CANADA	B	62,280	CASH PAYMENTS
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners Sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

