

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

In-person requests: *A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).*

Written requests: *Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.*

Website alternative: *Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.*

Permissible charges: *Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.*

Penalties: *An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:*

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: *The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.*

Donor Information: *Please note that donor information is not open to public inspection and has been excluded from this copy.*

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Food For the Poor, Inc.		D Employer identification number 59-2174510
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 954-427-2222
	6401 Lyons Road		
City, town, or post office, state, and ZIP code Coconut Creek, FL 33073-3602		G Gross receipts \$ 901,406,649.	
F Name and address of principal officer: Robin G. Mahfood same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ www.foodforthe poor.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: FL	

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 9	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 397	
	6 Total number of volunteers (estimate if necessary)	6 163	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 31,000.	
b Net unrelated business taxable income from Form 990-T, line 34	7b -12,124.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 938,218,153.	Current Year 899,936,574.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,502.	33,192.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,899.	153,611.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	938,210,756.	900,123,377.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	885,379,876.	827,570,023.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,589,395.	22,188,507.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	59,034.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,809,246.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,825,055.	46,343,485.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	950,853,360.	896,102,015.
19 Revenue less expenses. Subtract line 18 from line 12	-12,642,604.	4,021,362.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 27,145,949.	End of Year 31,035,724.
	21 Total liabilities (Part X, line 26)	8,270,772.	8,819,928.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,875,177.	22,215,796.

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 David C. Moja	Preparer's signature <i>David C. Moja</i>	Date 5/15/13
	Firm's name ▶ Capin Crouse LLP	Firm's EIN ▶ 36-3990892	Check if self-employed <input type="checkbox"/> PTIN P00747006
	Firm's address ▶ 1255 Lakes Parkway, Ste 130 Lawrenceville, GA 30043	Phone no. 678-518-5301	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 526,743,162. including grants of \$ 526,680,083.) (Revenue \$) Healthcare - Food For The Poor shipped over 609 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.

4b (Code:) (Expenses \$ 164,397,358. including grants of \$ 164,272,075.) (Revenue \$) Basic needs - Food For The Poor distributes aid to support the feeding, clothing, and sheltering of the poor. Over 67 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 2012. We have built over 6,805 housing units for families in need of adequate shelter and since our inception in 1982, have constructed over 84,000 housing units for the poor.

4c (Code:) (Expenses \$ 80,787,467. including grants of \$ 80,714,297.) (Revenue \$) Community support & development - Food For The Poor has given the poor the opportunity to start income-generating animal husbandry projects and micor-enterprise businesses. We have also helped save lives by planting fruit trees, developing fishing villages, and creating aquaculture ponds for the harvesting of fish to feed and transform communities.

4d Other program services (Describe in Schedule O.) (Expenses \$ 87,539,718. including grants of \$ 55,903,567.) (Revenue \$)

4e Total program service expenses 859,467,705.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		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 and XII</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 and XII 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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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, highest 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11b 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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CT, FL, GA, IL, IN, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
Jeff Alexander - 954-427-2222
6401 Lyons Road, Coconut Creek, FL 33073-3602

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robin G. Mahfood Director, CEO, President	60.00	X		X				391,627.	0.	19,736.
(2) Bill Benson Co-Chairman	1.00	X						0.	0.	0.
(3) Grace Bonina Directr	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 Chairman	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				250,952.	0.	16,710.
(13) Alvaro J. Pereira Executive Vice President	40.00			X				221,000.	0.	15,762.
(14) David Price Secretary & Treasurer	40.00			X				60,000.	0.	0.
(15) Dennis A. North CFO	40.00				X			153,489.	0.	13,799.
(16) Jose A. Serra Int'l Partnership Director	40.00					X		181,000.	0.	14,285.
(17) Natalie F. Carlisle VP Major Gifts	40.00					X		162,504.	0.	14,106.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michael Anton Projects Director	40.00					X		134,286.	0.	22,578.
(19) Mark Khouri GIK Director	40.00					X		133,289.	0.	13,227.
(20) Frederick Khouri COO	40.00					X		132,054.	0.	14,387.
1b Sub-total								1,820,201.	0.	144,590.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,820,201.	0.	144,590.

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 20

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	TV Advertising & Promotion	2,659,165.

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

Part VIII Statement of Revenue

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

		(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	483,716.				
	b Membership dues					
	c Fundraising events	1,475,441.				
	d Related organizations					
	e Government grants (contributions)	8,542,046.				
	f All other contributions, gifts, grants, and similar amounts not included above	889,435,371.				
	g Noncash contributions included in lines 1a-1f: \$	791,180,405.				
	h Total. Add lines 1a-1f	899,936,574.				
	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)		24,795.		24,795.	
	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	58,096.			
		c Rental income or (loss)	28,154.			
	d Net rental income or (loss)		28,154.		28,154.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	880,336.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	871,939.			
		c Gain or (loss)	8,397.			
	d Net gain or (loss)		8,397.		8,397.	
	8 a Gross income from fundraising events (not including \$ 1,475,441. of contributions reported on line 1c). See Part IV, line 18	a	127,030.			
		b Less: direct expenses	327,019.			
c Net income or (loss) from fundraising events			-199,989.		-199,989.	
9 a Gross income from gaming activities. See Part IV, line 19	a	301,948.				
	b Less: direct expenses	26,218.				
	c Net income or (loss) from gaming activities		275,730.		275,730.	
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 Advertising Revenue		541800	31,000.	31,000.		
	b Miscellaneous Revenue	900099	18,716.		18,716.	
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		49,716.			
12 Total revenue. See instructions.		900,123,377.	0.	31,000.	155,803.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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	103,105.	103,105.		
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	827,466,918.	827,466,918.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,151,117.	234,398.	916,719.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	78,570.		78,570.	
7 Other salaries and wages	16,322,614.	6,114,293.	3,172,935.	7,035,386.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	291,241.	103,432.	65,854.	121,955.
9 Other employee benefits	3,001,937.	1,055,189.	595,871.	1,350,877.
10 Payroll taxes	1,343,028.	477,965.	302,149.	562,914.
11 Fees for services (non-employees):				
a Management	4,500.		4,500.	
b Legal	35,784.		35,784.	
c Accounting	54,426.		54,426.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,609.		1,609.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	12,392,037.	114,953.	40,017.	12,237,067.
13 Office expenses	7,167,112.	220,954.	395,013.	6,551,145.
14 Information technology	261,186.	13,163.	179,656.	68,367.
15 Royalties				
16 Occupancy	376,687.	161,528.	123,020.	92,139.
17 Travel	2,342,662.	1,619,603.	99,789.	623,270.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,593.	23,739.	11,417.	19,437.
20 Interest	71,956.	22,993.	38,904.	10,059.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	586,222.	133,456.	394,379.	58,387.
23 Insurance	181,232.		179,046.	2,186.
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	19,761,036.	19,689,611.	11,162.	60,263.
b Miscellaneous	2,448,898.	1,912,405.	520,699.	15,794.
c Uncollectible pledges	603,545.		603,545.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	896,102,015.	859,467,705.	7,825,064.	28,809,246.
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,928,348.	1	10,287,706.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,209,316.	3	1,094,229.
	4 Accounts receivable, net		4	129,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	155,675.	7	170,323.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	182,290.	9	386,274.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,210,115.		
	b Less: accumulated depreciation	10b 4,465,196.	16,334,174.	10c 15,744,919.
	11 Investments - publicly traded securities	85,030.	11	103,045.
	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	1,251,116.	15	3,120,228.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,145,949.	16	31,035,724.	
Liabilities	17 Accounts payable and accrued expenses	5,193,393.	17	6,466,638.
	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 Loans and other 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	3,077,379.	23	2,353,290.
	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	8,270,772.	26	8,819,928.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,563,883.	27	21,095,515.
	28 Temporarily restricted net assets	1,311,294.	28	1,120,281.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	18,875,177.	33	22,215,796.	
34 Total liabilities and net assets/fund balances	27,145,949.	34	31,035,724.	

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	900,123,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	896,102,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,021,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,875,177.
5	Net unrealized gains (losses) on investments	5	-276.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-680,467.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,215,796.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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** (2012)

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

2012

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 - Non-functionally integrated
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1513923690.	1086334279.	1046978905.	938,218,153.	899,936,574.	5485391601.
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	1513923690.	1086334279.	1046978905.	938,218,153.	899,936,574.	5485391601.
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.						5485391601.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1513923690.	1086334279.	1046978905.	938,218,153.	899,936,574.	5485391601.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,644.	110,366.	139,150.	100,039.	111,045.	577,244.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,675.	2,900.	8,000.	28,500.	31,000.	75,075.
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						5486043920.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99.99	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.99	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

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) (2012)

Name of organization Food For the Poor, Inc.	Employer identification number 59-2174510
-----------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>228,531,282.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>102,216,761.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>99,855,276.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ <u>82,535,165.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ <u>77,996,296.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/> <hr/>	\$ <u>20,972,025.</u>	Person <input 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 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	<hr/> <hr/> <hr/> <hr/>	\$ 19,187,248.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 18,443,622.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	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
-------------------------------------------------	----------------------------------------------

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 Relief, Medical equipment, textbooks, school furniture	\$ 228,531,282.	12/31/12
2	General relief, Tile and bldg materials, household items, footwear, clothing, toys, medical supplies	\$ 102,216,761.	12/31/12
3	Pharmaceuticals, Medical supplies, Medical equipment	\$ 99,855,276.	12/31/12
4	Pharmaceuticals, Medical supplies, General relief	\$ 82,535,165.	12/31/12
5	General relief, clothing, pharmaceuticals, blankets, paint, soap, medical supplies, shoes	\$ 77,996,296.	12/31/12
6	Pharmaceuticals, General relief, medical supplies	\$ 20,972,025.	12/31/12

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	Pharmaceuticals _____ _____ _____	\$ 19,187,248.	12/31/12
8	Furniture, School furniture, Office furniture, general relief, hospital beds _____ _____	\$ 18,443,622.	12/31/12
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2012

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 XIII, 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 XIII, 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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:

- (i) unrelated organizations

Yes	No
-----	----
- (ii) related organizations

Yes	No
-----	----

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

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

Part VI Land, Buildings, and Equipment. 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		9,871,209.	1,355,751.	8,515,458.
c Leasehold improvements				
d Equipment		2,879,944.	2,355,507.	524,437.
e Other		1,318,574.	753,938.	564,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,744,919.

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) Goods pending distribution	3,101,068.
(2) Other assets	19,160.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,120,228.

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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	900,534,434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-276.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-276.
3	Subtract line 2e from line 1	3	900,534,710.
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 XIII.)	4b	-411,333.
c	Add lines 4a and 4b	4c	-411,333.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	900,123,377.

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

1	Total expenses and losses per audited financial statements	1	896,513,348.
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 XIII.)	2d	411,333.
e	Add lines 2a through 2d	2e	411,333.
3	Subtract line 2e from line 1	3	896,102,015.
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 XIII.)	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	896,102,015.

Part XIII Supplemental Information

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

Part X, Line 2: The Organization is a not-for-profit organization and

a public charity, as described in Section 501(c)(3) and 509(a) of the

Internal Revenue Code, and exempt from Federal income taxes, except that

unrelated business income is taxable. The Organization had no unrelated

business income tax during the year ended December 31, 2012.

GAAP requires management to evaluate tax positions taken and recognize a

tax liability (or asset) if the Organization has taken an uncertain tax

Part XIII Supplemental Information (continued)

position that more likely than not would not be sustainable upon examination by taxing authorities. Management has analyzed the tax positions taken and has concluded that as of December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. If the Organization were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Organization is no longer subject to income tax examinations for the years prior to 2009.

Part XI, Line 4b - Other Adjustments:

Fundraising event expense	-327,019.
Gaming expense	-26,218.
Rental expense	-58,096.
Total to Schedule D, Part XI, Line 4b	-411,333.

Part XII, Line 2d - Other Adjustments:

Fundraising event expense	327,019.
Gaming expense	26,218.
Rental expense	58,096.
Total to Schedule D, Part XII, Line 2d	411,333.

**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

2012

Open to Public
Inspection

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
---------------------------------------------------------	--------------------------------------------------

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 and shelter, healthcare programs, community	737,649,215.
East Asia and the Pacific	0	0	Program Service	Pharmaceuticals	420,000.
North America	0	0	Program Services, Grantmaking	Furniture, food, clothing, general support, medical equipment and supplies,	4,399,334.
South America	0	0	Program Services, Grantmaking	Community support and development, food, clothing and shelter, and program	78,385,466.
Sub-Saharan Africa	0	0	Grantmaking		6,470,446.
Europe (Including Iceland & Greenland)	0	0	Grantmaking		142,457.
3 a Sub-total	0	0			827,466,918.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			827,466,918.

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

Schedule F (Form 990) 2012

See Part V for Column (e) descriptions

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. 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.		115,110.	Appliances, furniture, computer, food, garden equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		1,960,173.	Agricultural tools, appliances, books, clothing,	
		Central America and the Caribbean	Charitable Aid	0.		227,293.	Pharmaceuticals	
		Central America and the Caribbean	Charitable Aid	0.		3,527,900.	Agricultural supplies, building, clothing,	
		Central America and the Caribbean	Charitable Aid	0.		4,550,167.	Seeds, clothing, Seeds, clothing, materials, food, footwear,	
		Central America and the Caribbean	Charitable Aid	0.		1,832,325.	Pharmaceutical, medical equipment and supplies, educational	
		Central America and the Caribbean	Charitable Aid	336,749.	Check or Wire Transfer	2,893,225.	Agricultural supplies, appliances, building,	
		Central America and the Caribbean	Charitable Aid	0.		29,275,534.	Building, books, clothes, food, footwear, furniture,	

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 71

3 Enter total number of other organizations or entities

See Part V for Column (h) descriptions

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.		8,161,592.	Appliances, books, clothing, food, footwear, furniture,	
		Central America and the Caribbean	Charitable Aid	0.		221,119.	Clothing, household, medical supplies,	
		Central America and the Caribbean	Charitable Aid	0.		13,824,922.	Medical equipment and supplies, OTC medication, pharmaceuticals,	
		Central America and the Caribbean	Charitable Aid	0.		2,407,846.	Clothing, food, footwear, household, medical supplies,	
		Central America and the Caribbean	Charitable Aid	0.		11,016,127.	Building, books, clothing, food, footwear, household,	
		Central America and the Caribbean	Charitable Aid	432,741.	Check or Wire Transfer	51,845,368.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	0.		360,265.	Medical supplies, pharmaceuticals	
		Central America and the Caribbean	Charitable Aid	0.		5,879,019.	Seeds, agricultural tools, appliance, building,	
		Central America and the Caribbean	Charitable Aid	19,359.	Check or Wire Transfer	62,839,155.	Agricultural supplies, appliances, building, books,	

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.		84,891,479.	Building, clothing, computers, educational	
		Central America and the Caribbean	Charitable Aid	10,406,524.	Check or Wire Transfer	43,574,110.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	0.		519,707.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	525,242.	Check or Wire Transfer	5,771.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	1,865.	Check or Wire Transfer	60,531.	Appliances, clothing, computers, food, footwear,	
		Central America and the Caribbean	Charitable Aid	0.		161,650,088.	Seeds, agricultural supplies, appliances,	
		Central America and the Caribbean	Charitable Aid	0.		28,752.	Vehicles	
		Central America and the Caribbean	Charitable Aid	0.		5,151.	Books	
		Central America and the Caribbean	Charitable Aid	0.		166,181.	Agricultural supplies, computers, food, footwear,	

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.		894,625.	Agricultural supplies, clothing, food, footwear,	
		Central America and the Caribbean	Charitable Aid	1,966,210.	Check or Wire Transfer	45,983,549.	Seeds, agricultural supplies, appliances,	
		Central America and the Caribbean	Charitable Aid	4,526,982.	Check or Wire Transfer	96,186,457.	Seeds, agricultural supplies, appliances,	
		Central America and the Caribbean	Charitable Aid	0.		25,221.	Vehicles	
		Central America and the Caribbean	Charitable Aid	0.		21,264.	Building materials and supplies	
		Central America and the Caribbean	Charitable Aid	0.		5,044.	Vehicle	
		Central America and the Caribbean	Charitable Aid	3,480,480.	Check or Wire Transfer	71,565,991.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	0.		207,850.	Pharmaceuticals	
		Central America and the Caribbean	Charitable Aid	5,169.	Check or Wire Transfer	3,701,897.	Agricultural supplies, appliances, building, books,	

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.		977,201.	Agricultural supplies, appliances, building, books,	
		Central America and the Caribbean	Charitable Aid	0.		29,606.	Computers, food, furniture, music supplies, personal hygiene,	
		Central America and the Caribbean	Charitable Aid	10,000.	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	10,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	5,000.	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	6,312.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	647,066.	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	60,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	460,185.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	10,621.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	6,276.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	47,145.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	36,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	8,400.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	15,450.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	932,926.	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	192,977.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	10,352.	Check or Wire Transfer	0.		
		East Asia and the Pacific	Charitable Aid	0.		1,162,063.		
		East Asia and the Pacific	Charitable Aid	0.		131,204.		
		East Asia and the Pacific	Charitable Aid	0.		288,796.		
		Europe (Including Iceland & Greenland)	Charitable Aid	142,457.	Check or Wire Transfer	0.		
		North America	Charitable Aid	0.		4,379,079.		
		North America	Charitable Aid	20,255.	Check or Wire Transfer	0.		
		South America	Charitable Aid	0.		114,115.		

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	0.		630,711.		
		South America	Charitable Aid	897,278.	Check or Wire Transfer	48,565,049.		
		South America	Charitable Aid	0.		620,054.		
		South America	Charitable Aid	0.		13,326,309.		
		South America	Charitable Aid	0.		14,017,382.		
		South America	Charitable Aid	0.		123,479.		
		South America	Charitable Aid	0.		88,156.		
		Sub-Saharan Africa	Charitable Aid	0.		2,993,271.		
		Sub-Saharan Africa	Charitable Aid	0.		3,477,175.		

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) 2012

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. Email, 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 and shelter, healthcare programs, community support and

development, and program distributions.

Region: South America

(e) Specific Types of Services in Region: Community support and

development, food, clothing and shelter, and program distributions.

Part II, Column (h):

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural tools, appliances,

books, clothing, food, footwear, furniture, household, medical supplies,

personal hygiene, educational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, building,

clothing, computers, food, footwear, furniture, household, medical

equipment and supplies, personal hygiene, religious, educational

supplies, trailer, vocation supplies

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: Seeds, clothing, educational

materials, food, footwear, furniture, household, medical equipment and

supplies, personal hygiene, pharmaceuticals, school furniture

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Pharmaceutical, medical

equipment and supplies, educational supplies, personal hygiene

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

appliances, building, clothing, educational materials, food, footwear,

furniture, household, medical equipment and supplies, personal hygiene,

recreation items, school furniture, vehicles, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Building, books, clothes, food,

footwear, furniture, household, medical equipment and supplies, OTC

medication, personal hygiene, pharmaceuticals, school furniture

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Appliances, books, clothing,

food, footwear, furniture, household, medical equipment and supplies,

personal hygiene, pharmaceuticals, school furniture

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, food, footwear,

household, medical supplies, OTC medication, personal hygiene,

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.

pharmaceuticals,

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Building, books, clothing, food, footwear, household, medical equipment and supplies, OTC medicine, personal hygiene, pharmaceutical

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, appliances, building, books, clothing, computers, educational supplies, food, footwear, furniture, household, medical equipment and supplies, music supplies, office equipment, OTC medicine, personal hygiene, pharmaceuticals, recreational equipment, school furniture, supplies, vocational equipment

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Seeds, agricultural tools, appliance, building, computers, educational materials, food, footwear, furniture, household, medical equipment and supplies, music supplies, office equipment, OTC medicine, personal hygiene, pharmaceuticals, recreational supplies, religious, school furniture, supplies, tools, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, appliances, building, books, clothing, computers, educational materials, food, footwear, furniture, household, medical equipment and 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.

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Building, clothing, computers,

educational materials, food, footwear, furniture, household, medical

equipment and supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, religious, school furniture, supplies, tools,

vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

appliances, building, books, clothing, computers, educational materials,

food, footwear, furniture, household, medical equipment and supplies,

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

appliances, building, books, clothing, food, footwear, furniture,

household, medical equipment and supplies, OTC medicine, personal

hygiene, recreational supplies, religious, school furniture, supplies,

trailer, vehicles

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

appliances, building, books, clothing, computers, educational materials,

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.

food, footwear, furniture, household, medical equipment and supplies,

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Appliances, clothing, computers,

food, footwear, furniture, household, medical supplies, school furniture,

vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Seeds, agricultural supplies,

appliances, building, books, clothing, computers, educational materials,

food, footwear, furniture, household, medical equipment and supplies,

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school furniture, supplies, trailer, vehicle,

vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

computers, food, footwear, furniture, household, recreational supplies,

trailer, vehicle

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, clothing,

food, footwear, furniture, household, medical equipment and supplies,

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school 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: Seeds, agricultural supplies, appliances, building, books, clothing, computers, educational materials, food, footwear, furniture, household, medical equipment and supplies, music supplies, OTC medicine, personal hygiene, pharmaceuticals, recreational supplies, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Seeds, agricultural supplies, appliances, building, books, clothing, computers, educational materials, food, footwear, furniture, household, medical equipment and supplies, music supplies, office equipment, OTC medicine, parts, personal hygiene, pharmaceuticals, recreational supplies, religious, school furniture, supplies, tools, trailers, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, appliances, building, books, clothing, computers, educational materials, food, footwear, furniture, household, medical equipment and supplies, OTC medicine, personal hygiene, pharmaceuticals, religious, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies, appliances, building, books, clothing, computers, educational materials, food, footwear, furniture, household, medical equipment and 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.

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, school furniture, supplies, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Agricultural supplies,

appliances, building, books, clothing, computers, educational materials,

food, footwear, furniture, household, medical equipment and supplies,

music supplies, OTC medicine, personal hygiene, pharmaceuticals,

recreational supplies, religious, school furniture, supplies, tools,

trialer, vocational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Computers, food, furniture,

music supplies, personal hygiene, stove, supplies, trailer

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 - Rockford (event type)	10 (total number)	
Revenue	1 Gross receipts	374,095.	306,528.	921,848.	1,602,471.
	2 Less: Contributions	307,125.	292,240.	876,076.	1,475,441.
	3 Gross income (line 1 minus line 2)	66,970.	14,288.	45,772.	127,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	157,465.	20,947.	148,607.	327,019.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(327,019)
	11 Net income summary. Combine line 3, column (d), and line 10				-199,989.

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))
		1 Gross revenue			301,948.
Direct Expenses	2 Cash prizes			0.	
	3 Noncash prizes			26,218.	26,218.
	4 Rent/facility costs			0.	
	5 Other direct expenses			0.	
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(26,218)	
8 Net gaming income summary. Combine line 1, column d, and line 7				275,730.	

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

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

b If "No," explain: The Organization is not required to be licensed in the state of Florida.

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

b If "Yes," explain: _____

**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

2012

**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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Hope Charities Family Center 7450 State Road 15 Pahokee, FL 33476	65-0128327	501 (c) 3	0.	58,386.	Fair Market Value	Food, clothing, household good, blankets, diapers	Charitable Aid
St. Francis of Assisi Catholic Church - 861 Wildwood Lane - Grapevine, TX 76051	75-1686441	501 (c) 3	0.	5,044.	Fair Market Value	Motor vehicle assistance	Charitable Aid
Our Little Roses PO Box 464 Somerset, VA 22972	54-1663713	501 (c) 3	24,000.	0.			Charitable Aid
All Nations Presbyterian Church 16951 NE 4th Avenue North Miami Beach, FL 33162	59-1938242	501 (c) 3	11,548.	0.			Charitable Aid

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

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, Part III, column (b), 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. Email, 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

2012

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)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<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, but 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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-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 Director, CEO, President	(i)	390,627.	1,000.	0.	0.	21,895.	413,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Angel Aloma Executive Director	(i)	249,952.	1,000.	0.	7,500.	11,282.	269,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Alvaro J. Pereira Executive Vice President	(i)	220,000.	1,000.	0.	6,600.	11,206.	238,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Dennis A. North CFO	(i)	152,489.	1,000.	0.	4,575.	10,990.	169,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jose A. Serra Int'l Partnership Director	(i)	180,000.	1,000.	0.	5,123.	11,202.	197,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Natalie F. Carlisle VP Major Gifts	(i)	161,504.	1,000.	0.	4,848.	11,004.	178,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Michael Anton Projects Director	(i)	133,286.	1,000.	0.	4,273.	19,840.	158,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.**

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		32,342,236.	Wholesale Value
5 Clothing and household goods	X		141,221,253.	Wholesale Value
6 Cars and other vehicles	X	7	50,557.	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	1,035	18,225,890.	Wholesale Value
20 Drugs and medical supplies	X	13,915	510,719,540.	Wholesale - See Sch O
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Educational)	X	3,985	25,720,369.	Wholesale Value
26 Other ▶ (Building Mate)	X	1,070	25,531,896.	Wholesale Value
27 Other ▶ (General Suppo)	X	4,312	23,406,737.	Wholesale Value
28 Other ▶ (Agriculture)	X	77	7,201,309.	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) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Other Types of Property:

Medical Equipment

(a) Check if applicable = X

(b) Number of Contributors = 1669

(c) Revenue Reported on Form 990, Part VIII \$ 6631096.

(d) Method of determining revenue: Wholesale Value

Religious

(a) Check if applicable = X

(b) Number of Contributors = 125

(c) Revenue Reported on Form 990, Part VIII \$ 129522.

(d) Method of determining revenue: Wholesale Value

Schedule M, Part I, Column (b): The number of contributors represents

the number of times each good appears on an order or change order.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
-----------------------------------------------------	----------------------------------------------

Form 990, Part I, Line 1:

Description of the Organization's 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:

Organization's 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:

Education

Expenses \$ 56,832,332. including grants of \$ 49,654,836. Revenue \$ 0.

Intra-program costs

Expenses \$ 11,113,328. including grants of \$ 6,248,731. Revenue \$ 0.

Freight and other costs

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
-----------------------------------------------------	----------------------------------------------

Expenses \$ 19,594,058. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11: Form 990 is prepared by an independent CPA firm and 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 and by key employees.

Form 990, Part VI, Section B, Line 15a: An independent 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, 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, HI, TN, UT, VA, WA, WV, WI

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.

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
-----------------------------------------------------	----------------------------------------------

Form 990, Part XII, Line 2c

Explanation of Responsibility

The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of its independent accountant. This process has not changed since the prior year.

Schedule M, Line 20:

Method of determining noncash contribution amount

Pharmaceutical GIK contributions received are valued using costing data acquired from recognized and published resources and are valued at their estimated wholesale acquisition cost ("WAC") on a drug by drug basis. If WAC is not available, the Organization discounts the drug's adjusted wholesale price ("AWP") to approximate the WAC. This valuation policy most resembles one used by a wholesale distributor of goods, which is the market role the Organization has in the acquisition and shipment of pharmaceutical donations. Pharmaceutical GIK contributions acquired from non-U.S. 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: **Food For the Poor, Inc.** Employer identification number: **59-2174510**

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

(a) Name, address, and EIN (if applicable) 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 Canada 164 Melrose Ave. Toronto, Ontario, CANADA M5M 1Y7	Furtherance of Food for the Poor's mission in Canada	Canada	501(c)(3)	Line 7	Food for the Poor, Inc.		X

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

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

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?

	Yes	No
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 Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name and Address of Related Organization:

Food for the Poor Canada

164 Melrose Ave.

Toronto, Ontario, CANADA M5M 1Y7

Primary Activity: Furtherance of Food for the Poor's mission in Canada

Direct Controlling Entity: Food for the Poor, Inc.