

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FOOD FOR THE POOR, INC.		D Employer identification number 59-2174510
		Doing Business As		E Telephone number 954-427-2222
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6401 LYONS ROAD		G Gross receipts \$ 1,086,908,235.
		City or town, state or country, and ZIP + 4 COCONUT CREEK, FL 33073-3602		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ROBIN G. MAHFOOD SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FOODFORTHEPOOR.ORG				
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) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 7
	5	Total number of employees (Part V, line 2a) 377
	6	Total number of volunteers (estimate if necessary) 41
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 2,900.
b	Net unrelated business taxable income from Form 990-T, line 34 -3,741.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,513,923,690. 1,086,084,469.	
	9 Program service revenue (Part VIII, line 2g) 32,084. 7,701.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 130,637. 91,701.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,514,086,411. 1,086,183,871.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,450,782,925. 1,013,706,891.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 18,489,062. 19,393,600.	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 1,486,888.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,917,286. 38,275,412.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 25,530,305.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,530,305.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,516,189,273. 1,072,862,791.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,102,862. 13,321,080.	
19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 32,054,625. 46,112,572.	
	21 Total liabilities (Part X, line 26) 10,079,010. 10,817,317.	
	22 Net assets or fund balances. Subtract line 21 from line 20 21,975,615. 35,295,255.	

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's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RSM MCGLADREY, INC. 7351 OFFICE PARK PL MELBOURNE, FL 32940	EIN ▶	Phone no. ▶ 321-751-6200

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

Part III Statement of Program Service Accomplishments

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 No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 724,802,283. including grants of \$ 724,798,631.) (Revenue \$) HEALTHCARE - FOOD FOR THE POOR SHIPPED OVER 601 TRACTOR-TRAILER LOADS OF MEDICINES AND MEDICAL SUPPLIES THAT HELP MAINTAIN CLINICS, HOSPITALS AND NUTRITIONAL CENTERS TO PROVIDE MUCH NEEDED MEDICAL CARE TO THE POOREST OF THE POOR.

4b (Code:) (Expenses \$ 173,508,635. including grants of \$ 173,457,397.) (Revenue \$) BASIC NEEDS - FOOD FOR THE POOR DISTRIBUTES AID TO SUPPORT THE FEEDING, CLOTHING AND SHELTERING OF THE POOR. OVER 27 MILLION POUNDS OF FOOD, ENOUGH TO FEED MILLIONS OF MALNOURISHED CHILDREN AND THEIR FAMILIES WAS DISTRIBUTED IN 2009. WE HAVE BUILT OVER 6,300 HOMES FOR FAMILIES IN NEED OF ADEQUATE SHELTER AND SINCE OUR INCEPTION IN 1982, HAVE CONSTRUCTED OVER 61,200 HOMES FOR THE POOR.

4c (Code:) (Expenses \$ 82,038,323. including grants of \$ 76,482,792.) (Revenue \$) EDUCATION - FOOD FOR THE POOR PROVIDED OVER 382 TRACTOR-TRAILOR LOADS OF EDUCATIONAL FURNITURE, TEACHING MATERIALS AND OTHER SUPPLIES TO SCHOOLS, GIVING CHILDREN FROM DESTITUTE FAMILIES VALUABLE TOOLS FOR LEARNING.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 59,291,571. including grants of \$ 38,968,071.) (Revenue \$)

4e Total program service expenses \$ 1,039,640,812.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 377		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7g		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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, DC, FL, GA, IL, IN, KS, KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBIN G MAHFOOD DIRECTOR, CEO, PRESIDENT	60.00			X				403,656.	0.	19,694.
ANGEL ALOMA EXECUTIVE DIRECTOR	60.00				X			219,077.	0.	9,042.
JOSE A SERRA INT'L PARTNERSHIP DIRECT	40.00					X		187,923.	0.	9,042.
MAURICE-PIERRE CHAVANNES INT'L OPERATIONS DIRECTO	40.00					X		172,600.	0.	9,042.
DENNIS A NORTH CFO	40.00			X				156,769.	0.	9,042.
MICHAEL ANTON PROJECTS DIRECTOR	40.00					X		137,176.	0.	9,042.
MARK KHOURI HIGHEST COMPENSATED EMPL	40.00					X		136,000.	0.	9,042.
FREDERICK KHOURI COO	40.00					X		134,821.	0.	9,042.
DAVID PRICE SECRETARY & TREASURER	40.00			X				60,000.	0.	0.
BILL BENSON DIRECTOR	1.00	X						0.	0.	0.
GRACE BONINA DIRECTOR	1.00	X						0.	0.	0.
MOST REV LAWRENCE BURKE DIRECTOR	1.00	X						0.	0.	0.
THE RT REV LEOPOLD FRADE DIRECTOR	1.00	X						0.	0.	0.
P TODD KENNEDY DIRECTOR	1.00	X						0.	0.	0.
RHONDA MAINGOT DIRECTOR	1.00	X						0.	0.	0.
CARD RODRIGUEZ MARADIAGA DIRECTOR	1.00	X						0.	0.	0.
LYNNE G NASRALLAH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALVARO J PEREIRA DIRECTOR	1.00	X						0.	0.	0.
MSGR GREGORY RAMKISSON DIRECTOR	1.00	X						0.	0.	0.
1b Total								1,608,022.	0.	82,988.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **13**

	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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
TERRI HASDORFF, 3145 SOUTH STAFFORD STREET, ARLINGTON, VA 22206	GOVT GRANT ACQUISITIONS	110,500.

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

Part VIII		Statement of Revenue						
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 473,080.					
	b	Membership dues	1b					
	c	Fundraising events	1c 853,333.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 9,694,329.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,075,063,727.					
	g	Noncash contributions included in lines 1a-1f: \$	994,933,165.					
	h	Total. Add lines 1a-1f	▶	1,086,084,469.				
	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)	▶	12,866.			12,866.	
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6 a	Gross Rents	(i) Real 97,500.	(ii) Personal				
		Less: rental expenses	50,098.					
		Rental income or (loss)	47,402.					
		d Net rental income or (loss)	▶	47,402.				47,402.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 421,450.	(ii) Other				
		Less: cost or other basis and sales expenses	426,615.					
		Gain or (loss)	-5,165.					
		d Net gain or (loss)	▶	-5,165.				-5,165.
	8 a	Gross income from fundraising events (not including \$ 853,333. of contributions reported on line 1c). See Part IV, line 18	a 113,970.					
		Less: direct expenses	b 247,651.					
		c Net income or (loss) from fundraising events	▶	-133,681.	-133,681.			
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	c Net income or (loss) from gaming activities	▶						
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue			Business Code					
11 a	SPONSORSHIP	900099	132,940.				132,940.	
	MISCELLANEOUS REVENUE	900099	41,870.	41,870.				
	ADVERTISING REVENUE	541800	2,900.		2,900.			
	All other revenue	900099	270.				270.	
	e Total. Add lines 11a-11d	▶	177,980.					
12	Total revenue. See instructions.	▶	1,086,183,871.	-91,811.	2,900.		188,313.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	953,313.	953,313.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,012,753,578.	1,012,753,578.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	899,140.	107,454.	791,686.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,340,407.	5,637,831.	3,047,475.	5,655,101.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	254,626.	87,704.	73,494.	93,428.
9 Other employee benefits	2,798,106.	1,016,806.	610,396.	1,170,904.
10 Payroll taxes	1,101,321.	403,457.	262,827.	435,037.
11 Fees for services (non-employees):				
a Management	2,723.		2,723.	
b Legal	67,032.		67,032.	
c Accounting	75,216.		75,216.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,486,888.			1,486,888.
f Investment management fees	619.		619.	
g Other	369,385.	159,090.	98,889.	111,406.
12 Advertising and promotion	11,021,569.	148,118.	1,720.	10,871,731.
13 Office expenses	5,245,893.	171,315.	173,786.	4,900,792.
14 Information technology	217,231.	8,339.	158,418.	50,474.
15 Royalties				
16 Occupancy	469,588.	166,229.	203,467.	99,892.
17 Travel	1,987,897.	1,430,380.	114,206.	443,311.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,562.	29,743.	6,654.	29,165.
20 Interest	106,427.		106,427.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	552,113.		552,113.	
23 Insurance	187,167.		185,893.	1,274.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FREIGHT	16,395,801.	16,243,119.	4,497.	148,185.
b UNCOLLECTIBLE PLEDGES	987,234.		987,234.	
c MISCELLANEOUS	523,955.	324,336.	166,902.	32,717.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,072,862,791.	1,039,640,812.	7,691,674.	25,530,305.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	10,599,672.	5,798,213.	4,178,617.	622,842.

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	8,622,383.	1	8,502,991.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,647,312.	3	1,665,303.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	255,535.	7	178,213.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	100,985.	9	270,534.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,561,922.			
	b Less: accumulated depreciation	10b 2,761,395.	17,293,017.	10c 16,800,527.	
	11 Investments - publicly traded securities	54,318.	11	68,023.	
	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	4,081,075.	15	18,626,981.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,054,625.	16	46,112,572.		
Liabilities	17 Accounts payable and accrued expenses	4,812,338.	17	6,291,759.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	5,249,647.	23	4,525,558.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	17,025.	25	0.	
	26 Total liabilities. Add lines 17 through 25	10,079,010.	26	10,817,317.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	21,859,803.	27	35,262,008.	
	28 Temporarily restricted net assets	115,812.	28	33,247.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	21,975,615.	33	35,295,255.	
34 Total liabilities and net assets/fund balances	32,054,625.	34	46,112,572.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

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

2009

Open to Public Inspection

Name of the organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	781,791,286.	861,623,368.	1034671708.	1513923690.	1086334279.	5278344331.
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	781,791,286.	861,623,368.	1034671708.	1513923690.	1086334279.	5278344331.
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.						5278344331.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	781,791,286.	861,623,368.	1034671708.	1513923690.	1086334279.	5278344331.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,318.	128,759.	160,816.	116,644.	110,366.	603,903.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		5,312.	9,711.	4,675.	2,900.	22,598.
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						5278970832.
12 Gross receipts from related activities, etc. (see instructions)					12	701,825.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.98 %

16a 33 1/3% support test - 2009. 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

b 33 1/3% support test - 2008. 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

17a 10% -facts-and-circumstances test - 2009. 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

b 10% -facts-and-circumstances test - 2008. 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

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

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, aggregate 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 aggregate 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 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 390,063,954.	Person <input checked="" 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/>	\$ 90,289,073.	Person <input checked="" 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/>	\$ 83,261,643.	Person <input checked="" 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/>	\$ 81,812,399.	Person <input checked="" 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/>	\$ 79,987,137.	Person <input checked="" 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/>	\$ 47,710,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 37,979,473.	Person <input checked="" 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/>	\$ 25,009,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 24,658,442.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<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/>	<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/>	<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
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PHARMACEUTICALS, EDUCATIONAL & MEDICAL SUPPLIES, FOOTWEAR	\$ 390,063,954.	12/31/09
2	PHARMACEUTICALS, SUPPLEMENTS AND MEDICAL SUPPLIES	\$ 90,289,073.	12/31/09
3	FOOD, CLOTHING, FURNITURE, HOUSEHOLD AND EDUCATIONAL ITEMS	\$ 83,261,643.	12/31/09
4	PHARMACEUTICALS AND MEDICAL EQUIPMENT	\$ 81,812,399.	12/31/09
5	FOOD, BLANKETS, CLOTHING, MEDICAL AND EDUCATIONAL SUPPLIES	\$ 79,987,137.	12/31/09
6	PHARMACEUTICALS & MEDICAL SUPPLIES	\$ 47,710,838.	12/31/09

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

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	PHARMACEUTICALS & MEDICAL SUPPLIES _____ _____ _____	\$ 37,979,473.	12/31/09
8	FOOD, WATER, CLOTHING, MEDICAL AND EDUCATIONAL SUPPLIES _____ _____ _____	\$ 25,009,960.	12/31/09
9	PHARMACEUTICALS & MEDICAL SUPPLIES _____ _____ _____	\$ 24,658,442.	12/31/09
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(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		9,855,826.	615,909.	9,239,917.
c Leasehold improvements		625,977.	78,247.	547,730.
d Equipment		2,301,431.	1,770,232.	531,199.
e Other		638,300.	297,007.	341,293.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,800,527.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include Financial derivatives, Closely-held equity interests, Other, and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include Total.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include DONATED GOODS - IN TRANSIT, DEP, EMPLOYEE LOANS, MISC REC, and Total.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes Federal income taxes. Total row is present.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,086,183,871.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,072,862,791.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,321,080.
4	Net unrealized gains (losses) on investments	4	-1,440.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-1,440.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,319,640.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,086,480,179.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,440.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-1,440.
3	Subtract line 2e from line 1	3	1,086,481,619.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-297,748.
c	Add lines 4a and 4b	4c	-297,748.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,086,183,871.

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

1	Total expenses and losses per audited financial statements	1	1,073,160,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	297,748.
e	Add lines 2a through 2d	2e	297,748.
3	Subtract line 2e from line 1	3	1,072,862,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,072,862,791.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B:

RENTAL EXPENSES \$(50,098)

EVENT EXPENSES \$(247,650)

PART XIII, LINE 2D:

RENTAL EXPENSES \$50,098

EVENT EXPENSES \$247,650

**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

2009

Open to Public
Inspection

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	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 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES, GRANTMAKING	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, GENERAL SUPPORT, FOOD, MEDICAL SUPPLIES,	920,295,436.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PHARMACEUTICALS	1,299,045.
NORTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	FURNITURE, CLOTHING, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	7,953,357.
SOUTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	PHARMACEUTICALS, BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING SUPPLIES, CLOTHING,	83,205,740.
Totals	0	0			1,012,753,578.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

SEE PART IV 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. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) 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.		244,602.	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, GENERAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,833,506.	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		708,452.	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		344,529.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		931,628.	BUILDING BUILDING CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,344,890.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,543,813.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		803,456.	GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 77

3 Enter total number of other organizations or entities 0

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

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

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

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

CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FURNITURE AND SUPPLIES, GENERAL SUPPORT, FOOD, MEDICAL SUPPLIES,

PHARMACEUTICALS, BUILDING SUPPLIES, DEVELOPMENT EQUIPMENT AND MATERIALS,

RELIGIOUS SUPPLIES/EQUIPMENT, COMPUTER EQUIPMENT, FURNITURE, MOTOR

VEHICLES

REGION: NORTH AMERICA

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

SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PHARMACEUTICALS, BOOKS OR

OTHER EDUCATIONAL SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT

EQUIPMENT AND MATERIALS OR SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND OTHER

SUPPLIES, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, MOTOR

VEHICLES, OFFICE FURNITURE/EQUIPMENT AND SUPPLIES, RELIGIOUS

SUPPLIES/EQUIPMENT

PART II, COLUMN (H):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

Part IV Supplemental Information

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

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

AND SUPPLIES, GENERAL SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT

AND FURNITURE, OFFICE EQUIPMENT, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT

AND FURNITURE, OFFICE EQUIPMENT, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

Part IV Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND

FURNITURE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

Part IV Supplemental Information

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

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

FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND

FURNITURE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

COMPUTER EQUIPMENT AND SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

COMPUTER EQUIPMENT AND SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

COMPUTER EQUIPMENT AND SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

COMPUTER EQUIPMENT AND SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS.

Part IV Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, CLOTHING,
COMPUTER EQUIPMENT AND SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,
FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,
PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BUILDING SUPPLIES, CLOTHING,
DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND
SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL
SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT
EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,
FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE,
PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL
SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT
EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,
FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE,
PHARMACEUTICALS.

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL
SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT

Part IV Supplemental Information

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

EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,

GENERAL SUPPORT, MECHANICAL EQUIPMENT AND OTHER SUPPLIES, MEDICAL

SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES, OFFICE

FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

Part IV Supplemental Information

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

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

Part IV Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

Part IV Supplemental Information

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

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES,

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MEDICAL

SUPPLIES/EQUIPMENT/FURNITURE, OFFICE FURNITURE/EQUIPMENT/SUPPLIES,

PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, CLOTHING, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, FOOD,

GENERAL SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS OR OTHER EDUCATIONAL

SUPPLIES, CLOTHING, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, FOOD,

GENERAL SUPPORT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

OTHER SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES/EQUIPMENT/FURNITURE.

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.		36,703,149.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		24,543,015.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		238,695.	GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		260,597.	GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,473,728.	BUILDING SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,194,591.	BUILDING SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT,	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		286,087.	PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		12,731,696.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,741,975.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		28,166,671.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		114,881.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,941,387.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		4,622,175.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	581,643.	CHECK OR WIRE TRANSFER	62,525,064.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		194,812,644.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		SOUTH AMERICA	CHARITABLE AID	1,472,811.	CHECK OR WIRE TRANSFER	77,161,764.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,799,999.	CHECK OR WIRE TRANSFER	105,917,348.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,500.	CHECK OR WIRE TRANSFER	11,898,523.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		324,091.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		116,228.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		71,549,131.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,891,683.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,318,011.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		46,262,132.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		54,190.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		10,282,828.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	4,341,071.	CHECK OR WIRE TRANSFER	144,759,480.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CHARITABLE AID	0.		7,932,288.	CLOTHING, GENERAL SUPPORT, MEDICAL SUPPLIES/EQUIPMENTS, PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	2,131,327.	CHECK OR WIRE TRANSFER	90,862,216.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		983,277.	GENERAL SUPPORT, PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		14,127,089.	GENERAL SUPPORT, PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		394,522.	GENERAL SUPPORT, PHARMACEUTICALS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		2,178,475.	PHARMACEUTICALS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		991,442.	PHARMACEUTICALS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		526,030.	PHARMACEUTICALS	FMV
		EAST ASIA AND THE PACIFIC	CHARITABLE AID	0.		1,299,045.	PHARMACEUTICALS	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		373,020.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, CLOTHING,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		388,496.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, CLOTHING,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	23,119.	CHECK OR WIRE TRANSFER	4,668,649.	CLOTHING, COMPUTER EQUIPMENT AND OTHER SUPPLIES,	FMV
		NORTH AMERICA	CHARITABLE AID	21,054.	CHECK OR WIRE TRANSFER	15.	FURNITURE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		55,919.	FOOD, GENERAL SUPPORT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,371.	FOOD, GENERAL SUPPORT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	12,048.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,000.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,085,167.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	192,570.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	327,451.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	14,438.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,930.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	29,157.	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	20,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,491,665.	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	137,628.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	11,590.	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	39,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	68,513.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	16,972.	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	33,000.	CHECK OR WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	27,872.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	25,889.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,700.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	33,000.	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	270,058.	CHECK OR WIRE TRANSFER	0.		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
STRATEGIC FUNDRAISING	PHONE SOLICITATION OF LAPSE DONORS		X	1,124,542.	1,486,888.	-362,346.
Total				1,124,542.	1,486,888.	-362,346.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
 AL, AR, AZ, CA, CT, DC, FL, GA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NJ, NH, NM
 NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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 - ORLANDO SP0909 (event type)	GALA - BOCA SP0902 (event type)	10 (total number)	
Revenue	1 Gross receipts	208,197.	146,605.	612,501.	967,303.
	2 Less: Charitable contributions	195,247.	114,285.	543,801.	853,333.
	3 Gross income (line 1 minus line 2)	12,950.	32,320.	68,700.	113,970.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	909.	2,800.		3,709.
	7 Food and beverages	14,754.	23,220.		37,974.
	8 Entertainment	1,480.	2,392.		3,872.
	9 Other direct expenses	13,672.	18,672.	169,753.	202,097.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(247,652)
	11 Net income summary. Combine line 3, column (d), and line 10				-133,682.

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**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. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
UNITED STATES SOUTHERN COMMAND (SOUTHCOM)-PROJECT HANDCLASP - 1968 GILBERT STREET, PIER 8 WAREHOUSE - NORFOLK, VA 23511	31-1575142	501(C)(3)	0.	519,610.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID
GULFSTREAM BAPTIST ASSOCIATION 2601 N. 38TH AVENUE HOLLYWOOD, FL 33021	59-0862883	501(C)(3)	0.	159,068.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID
CHRISTIAN REVIVAL CENTER 2020 BULL STREET SAVANNAH, GA 31401	42-1674628	501(C)(3)	0.	274,635.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID

- 2** Enter total number of section 501(c)(3) and government organizations **3.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2009

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.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

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

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

CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</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>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<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>	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>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	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>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	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 Regs. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBIN G MAHFOOD	(i)	402,656.	1,000.			26,160.	429,816.	
	(ii)							
ANGEL ALOMA	(i)	218,077.	1,000.		6,542.	11,132.	236,751.	
	(ii)							
JOSE A SERRA	(i)	186,923.	1,000.			11,007.	198,930.	
	(ii)							
MAURICE-PIERRE CHAVANNES	(i)	171,600.	1,000.		5,148.	11,056.	188,804.	
	(ii)							
DENNIS A NORTH	(i)	155,769.	1,000.		4,673.	11,134.	172,576.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2009

Open To Public Inspection

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

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MICHAEL ANTON	SON-IN-LAW OF FNDR	161,968.	EMPLOYMENT		X
MARGARET ANTON	DAUGHTER OF FOUNDER	54,992.	EMPLOYMENT		X
KIM WILLIAMS	DAUGHTER OF THE CEO	77,865.	EMPLOYMENT		X

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		52,351,470.	
5 Clothing and household goods	X		102,664,255.	
6 Cars and other vehicles				
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	161	13,729,037.	
20 Drugs and medical supplies	X	632	706,184,645.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GEN SUPPORT)	X	1,048	120,003,758.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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 Acknowledgment **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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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 ORGANIZATION MISSION:

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

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

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

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

COMMUNITY SUPPORT & DEVELOPMENT

EXPENSES \$ 33994948. INCLUDING GRANTS OF \$ 22345702. REVENUE \$ 0.

INTRA-PROGRAM COSTS

EXPENSES \$ 25296623. INCLUDING GRANTS OF \$ 16622369. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: AN INITIAL DRAFT OF THE FORM 990 IS
REVIEWED BY THE PRESIDENT, CFO AND CONTROLLER FOR ACCURACY BEFORE THE
RETURN IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO THE AUDIT
COMMITTEE FOR REVIEW AND APPROVAL.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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: A SUBCOMMITTEE OF THE BOARD REVIEWS

COMPARABILITY DATA AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL

OF THE PRESIDENT'S COMPENSATION PACKAGE. THE PRESIDENT MAKES

RECOMMENDATIONS TO THE BOARD REGARDING COMPENSATION OF OTHER KEY EMPLOYEES

AS A PART OF THE ANNUAL BUDGETARY PROCESS.

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

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

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

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.

FORM 990, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.