Cumulative e-File History 2008							
	FED						
Locator:	JZ5041						
Taxpayer Name:	FOOD FOR THE POOR, INC.						
Return Type:	990						
	100/40/2000 44:24:42						
Submitted Date:	06/12/2009 11:21:42						
Acknowledgement Date:	06/12/2009 12:00:26						
Status:	Accepted						
Oldidoi	i topopio a						

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No.	1545-1878

Department of the Treasury

For calendar year 2008, or fiscal year beginning _____, 2008, and ending ____, 20 ___ ▶ Do not send to the IRS, Keep for your records. Internal Revenue Service See instructions. Name of exempt organization Employer identification number FOOD FOR THE POOR, INC. 59-2174510 Name and title of officer ROBIN G MAHFOOD, PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filling this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.
 1a Form 990 check here ▶ X b
 Total revenue, if any (Form 990, line 12)
 1b
 1514086411
 b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b
b Tax based on investment Income (Form 990-PF, Part VI, line 5) 4b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ 5a Form 8868 check here Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize MARCUMRACHLIN A DIV OF MA to enter my PIN 3 3 0 7 as my signature Enter five numbers, but FRO firm name do not enter all zeros on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date ► 06/05/2009 Officer's signature Part | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature -**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So Form 8879-EO (2008) For Paperwork Reduction Act Notice, see back of form.

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Inten	nal Reve	enue Service	,	The organization may have to use a copy	of this return to saf	tisfy state rep	orting requirem	ents.	Inspection	r)
A F	or th	ne 2008 d	caler	dar year, or tax year beginning	, 2008, and	ending			, 20	
Во	heck if a	pplicable: P	lease	Name of organization FOOD FOR THE POOR,	INC.		D Employer id	tentif	ication number	
[Addre		a IRS belor	Doing Business As			59-217	451	.0	
	7	change pr	Int or	Number and street (or P.O. box if mail is not delivered to stree	t address)	Room/suite	E Telephone	dmun	er	
ĩ —	(nitia		ype. See	6401 LYONS ROAD			(954)4	27-	-2222	
	7	Sp.	ecific	City or town, state or country, and ZIP + 4			1 123373		2000	
	Amer	""	struc- ioпs.	COCONUT CREEK, FL 33073			G Gross recei	nts S	1,515,063,	670
	return Appli		F Na	ne and address of principal officer:			H(a) is this a gre			X No
	pend	ing	,	no and agoroso of principal officer.			affiliates? H(b) Are all affil	inton in		No
	T			2 20// 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.04		1		ist (see instructions)	
1		empt statu		X 501(c) (3) (insert no.) 4947(a)(1) or	527		-			
-			· · · · · · · · · · · · · · · · · · ·	FOODFORTHEPOOR.ORG		(A	H(c) Group exer			-
10	-			X Corporation Trust Association Other	, <u>L</u>	Year of forma	tion: 1982 M	State	e of legal domicile:	FL
	rt	Sumr			·····					
	1	Briefly d	escri	e the organization's mission or most significant activities	s:					
g	į	TO PR	OVI	DE AID AS TO IMPROVE THE HEALTH,	ECONOMIC,	SOCIAL :	AND			
300		SPIRI	TUA	L CONDITIONS OF THE POOR THROUGH	OUT THE WOR	LD.				
0.0					·					
Governance	2	Check th								
	3	Number	of vo	ing members of the governing body (Part VI, line 1a)				. 3	1	0
Activities &	4	Number	of in	ependent voting members of the governing body (Part	VI, line 1b)			4		5
<u>×</u>	5			of employees (Part V, line 2a)					35	9
A C.	6			of volunteers (estimate if necessary)					4	0
_	7 a			related business revenue from Part VIII, line 12, column	(C)			7 a	7.	550
	b	Net unre	lated	business taxable income from Form 990-T, line 34	` <i>`</i>			. —		355.
_							Prior Year		Current Yea	
	8	Contribu	tion :	nd grants (Part VIII, line 1h)		1		NΒ	·	
Jue	9	Program	CAR	ce revenue (Part VIII) line 2d)			334,011,1	00.		NON!
Revenue	1	Invoctor	nnt in	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		• • • •	68,0	10		
å	11	Otherte	2111 113	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		• • • • • • • • • • • • • • • • • • • •				084.
	12	Total sou	ventu	e (Part VIII, Column (A), lines 5, od, oc, sc, 10c, and 11e)	7		147,6			
				- add lines 8 through 11 (must equal Part VIII, column (/						
	13	Grants a	ına sı	milar amounts paid (Part IX, column (A), lines 1-3)			3/6,556,8	84.	1,450,782,	925.
	14	Benefits	paid	to or for members (Part IX, column (A), line 4)				- 1		
Ses	15	Salaries,	, othe	compensation, employee benefits (Part IX, column (A),	lines 5-10)		15,497,3	11.	18,489,	062.
Expenses	16a	Professi	onali	undraising fees (Part IX, column (A), line 11e)						
X	b	Total fun	idrais	ing expenses, Part IX, column (D), line 25) 🛌 25, 21	4,819.				<u> </u>	
	17	Other ex	pens	es (Part IX, column (A), lines 11a-11d, 11f-24f)			45,246,8			
				s. Add lines 13-17 (must equal Part IX, column (A), line			037,301,0	81,.	1,516,189,	273.
	19	Revenue	eless	expenses. Subtract line 18 from line 12			-2,413,7	11.	-2,102,	862.
Net Assets or Fund Balances						1	Beginning of Y	ear	End of Year	r
젊음	20	Total ass	sets (I	Part X, line 16)		1	35,823,1	49.	32,054,	625.
¥m m	21	Total liab	oilitie	(Part X, line 26)			11,744,6	72.	10,079,	010.
85	22	Net asse	ets or	fund balances. Subtract line 21 from line 20,			24,078,4	77.	21,975,	615.
Pa	rt II	Signa	ature	Block						
		Under po		s of perjury, I declare that I have examined this return, inclu-	iding accompanying than officer) is bas	schedules and ed on all info	d statements, an	d to h pre	the best of my know	vledge vledge.
S	ign	L		IMARMIER S COFT						
	ere	Sig	gnatur	e of officer			Date			
		Tvr	oe or i	rint name and title						ma
					Date	Check if	Pre	parer	's identifying number	
Paid		Prepare signatur		•		self-		e instr	ructions)	
Prep	arer's	Firm's na			**** * * * *	employed	EIN		200541422	
Use	Only	if self-em	ploye	THROUGHT IN DIV OF THE			EIN	•	11-1986323	
		address,		Col. Ob silled Michigan Louis south littaily 1			Phone no.	3	305 377-4228	-
way	the l	KS discu	ss thi	s return with the preparer shown above? (See instruction	5)				X Yes	No

Part III Statement of Program Service Accomplishments (see instructions)	
Briefly describe the organization's mission:	
TO PROVIDE AID AS TO IMPROVE THE HEALTH, ECONOMIC, SOCIAL AND	
SPIRITUAL CONDITIONS OF THE POOR THROUGHOUT THE WORLD.	
2 Did the organization undertake any significant program services during the year which were not listed on	
the prior Form 990 or 990-EZ?	
If "Yes" describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services? If "Yes," describe these changes on Schedule O.	. Yes X No
4 Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 1,006,548,685. including grants of \$ 734,061.) (Revenue \$)
HEALTHCARE - FOOD FOR THE POOR SHIPPED OVER 625 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 \$ 220,342,458. including grants of \$ 1,565,315.) (Revenue \$ EDUCATION - FOOD FOR THE POOR PROVIDED 508 TRACTOR-TRAILER LOADS OF EDUCATIONAL FURNITURE, TEXTBOOKS, TEACHING MATERIALS AND OTHER)
SUPPLIES TO SCHOOLS, GIVING CHILDREN FROM DESTITUTE FAMILIES	
VALUABLE TOOLS FOR LEARNING.	
4. (O. I.) (E. d. including groups of C.) (D. d.	
4c (Code:) (Expenses \$184,492,768. including grants of \$10,009,473.) (Revenue \$ BASIC NEEDS - FOOD FOR THE POOR DISTRIBUTES AID TO SUPPORT THE)
FEEDING, CLOTHING AND SHELTERING OF THE POOR. OVER 65 MILLION	
POUNDS OF FOOD, ENOUGH TO FEED MILLIONS OF MALNOURISHED CHILDREN	
AND THEIR FAMILIES WAS DISTRIBUTED IN 2008. WE HAVE BUILT OVER	
8,400 HOMES FOR FAMILIES IN NEED OF ADEQUATE SHELTER AND SINCE OUR	
INCEPTION IN 1982, HAVE CONSTRUCTED OVER 54,800 HOMES FOR THE	
POOR.	
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ 70,588,912. including grants of \$ 10,482,277.) (Revenue \$) 4e Total program service expenses ►\$ 1,481,972,823. (Must equal Part IX, Line 25, column (B).)	
SA IE1020 1.000	Form 990 (2008)

Pari	Checklist of Required Schedules		1	
	1 H		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			23
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		v
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-	37	X
	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	X	37
19	Did the apprinting appears and appears have its local fill Was II appeared to Cabady its 11	19		X
20		20	17	Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
0.4	Schedule J	23	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? If "Yes," answer questions			K
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		l y	
	to defease any tax-exempt bonds?	24c		1:
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
JSA 8E1021		Form	990	(2008

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Part IV Checklist of Required Schedules (continued)

			Yes	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X	Α
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part</i>	37		X

Form 990 (2008) 59-2174510 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yen	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			500
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		25
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 359			100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			72.2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
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)?	4.8		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 Financiał Accounts.	_		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_X_
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	-	17.7	-n
_	Prohibited Tax Shelter Transaction?	5c	N/ X	A
6a	Did the organization solicit any contributions that were not tax deductible?	6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	x	
_	gifts were not tax deductible?	00	-0	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Х	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?. If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c	1	Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		200	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X.
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			'E
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		- 1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		15.0	

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	-		
b	Enter the number of voting members that are independent 1b 5	· 1		
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?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	-	_X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	_	X
d	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	_	_X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
4.0	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		<u> </u>
Sect	on B. Policies		.,	
42.	Deep the occanization have a written conflict of interact policy? If "No " on to line 42	4.0	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a	X	
a		4.01	D.	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	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:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)	li Ü		
16a				
	with a taxable entity during the year?	16a		X
b	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		i i	
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 1			
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.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	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 t	ne		
		ne 		
	State the name, physical address, and telephone number of the person who possesses the books and records of t	ne 		

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average	Posit	ion (chec	C) kall	that ap	oly)	(D) Reportable	(E) Reportable	(F) Estimated
Nume and Title	hours per week	or director	Institutional bustee	Officer	Key employee	Highest compensated employed	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organization
EE SCHEDULE J-2					ľ					

					-		1			
				_		Appropriation				- \ -

Form 990 (2008)

JSA

-	Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	ositi On director	io Institutional trustee	Officer	a Key amployee	Highlest componsated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	AND THE RESERVE TO THE PARTY OF		·			_					AAANWA WA '
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					47						
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	and the second s							ļ			
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					-						
1 b	Total		<u> </u>			l	<u> </u>	_	1,294,983.	NONE	20 002
2	Total number of individuals (including those organization ► 15							<u>►</u> han			
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										Yes No
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	0?	If "Y	'es, "	complete Sched	ule J for such	4 X
5 —	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"										5 X
	tion B. Independent Contractors	_									
1	Complete this table for your five highest compensation from the organization.	compensal	ted in	idep	eno —	deni 	. con	trac	tors that received	more than \$10	00,000 of
	(A) Name and business addr	ess	•••••						(B) Description of ser	vices ((C) Compensation
		_						-			
								+ -			
											
2	Total number of independent contractors (i compensation from the organization ▶ ↑	ncluding th	hose	in '	1) \	who	rece	ive	d more than \$10	0,000 in	

Pa	rt Vil	Statement of Reveni	ue			59-2174510		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
a a	1a	Federated campaigns	1a	448,413.				
fts, grants amounts	b	Membership dues	1b				THE TOTAL ST	
	c	Fundraising events	1c	95,728,334				
gift lar	d	Related organizations	the state of the s					
Contributions, gifts, grants and other similar amounts	e	Government grants (contribu		26,560,806.			4 6 10 10 20	
0 7	f	All other contributions, gifts, gran	ots,		1000			
4 4		and similar amounts not included	above . 1f	1,391,186,137.				1
Cont	g	Noncash contributions included i		1,417,414,522				
	h	Total. Add lines 1a-1f		Business Code	1,511,971,690			
CO.	2 a							
S	b							
Service Revenue	6							
P. P.	d	A A A A A A A A A A A A A A A A A A A				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
E	e							
Program	f	All other program service rev	renue					
	g				NONE			
	3	Investment income (includin	g dividends, inter	est, and				
		other similar amounts)		STMT 2. ▶	37,894.			37,894.
	4	Income from investment of t	ax-exempt bond p	proceeds ►	NONE			
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6a	Gross Rents	78,750.					
	b	Less: rental expenses	50,039.					
	С	Rental income or (loss)	28,711.					
	d	Net rental income or (loss).			28,711.			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			I when E	Nu San
	Ĭ	assets other than inventory	721,154.				1112	
	ь	Less: cost or other basis			100000000000000000000000000000000000000		配合党制制	
		and sales expenses	726,964.					
	C	Gaín or (loss)					000000000000000000000000000000000000000	
	d	Net gain or (loss)			-5,618.	The days of the		
	8 a		undraising	CIDATI C				
nue		events (not including \$1		STMT 6				
eve		of contributions reported on		02 452				
Other Revenue	١,	See Part IV, line 18		92,452. 200,264.				
the .	c	Less: direct expenses Net income or (loss) from fur		The second secon	-107,012			
o,				01121 01.19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	9 a	Gross income from gaming a See Part IV, line 19.						
	ь	Less: direct expenses					100 7.4 Sec. An	
	C	Net income or (loss) from ga			NONE			
	10a							
		returns and allowances						
	b	Less: cost of goods sold						
	С	Net income or (loss) from sal			SCNE			
		Miscellaneous Reven	iue	Business Code				
	11a	MISCELLANEOUS			200,480.			200,480.
	b	ADVERTISING	_	541800	7,550.		7,550	
	С	SALE OF FIXED ASSE'S			1,708.			1,708.
	d	All other revenue						
	е	Total. Add lines 11a-11d .	. <i>. </i>		209,738.			
	12	Total Revenue. Add lines 1h	, 2g, 3, 4, 5, 6d, 7	7d, 8c,				
		9c, 10c, and 11e			1,514,086,411.		7,550	. 240,082.

Form 990 (2008) 59-2174510 Page **10**

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).

_	All other organizations must compl	ete column (A) but a			
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	174,286.	174,286.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,013.	2,013.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			e de la companya de l	
	U.S. See Part IV, lines 15 and 16	1,450,606,626.	1,450,606,626.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		***************************************	- A	
	trustees, and key employees	647,107.	91,219.	555,888.	
6	Compensation not included above, to disqualified			A A	
	persons (as defined under section 4958(f)(1)) and		}	ALADANA PARAME	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages . ,	13,939,003.	5,457,077.	3,243,003.	5,238,923.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	241,384.	84,861.	70,878.	85,645.
9	Other employee benefits	2,611,810.		608,397.	1,055,245.
10	Payroil taxes	1,049,758.	7	266,001.	404,295.
11					101/200
	Management	5,000.		5,000.	
	Legal			98,177.	
	Accounting	98,131.		98,131.	
	Lobbying			307	
	Professional fundraising services. See Part IV, line 17		1		
	Investment management fees	1,506.		1,506.	
		292,527.		236, 947.	32,178.
12	Other			5,164.	12,307,674.
13				278,501.	5,068,723.
14	Office expenses	236,725.		157,533.	57,537.
	Information technology	230,123.	21,000.	137,333.	
15	Royalties	751,406.	360,675.	232,936.	157,795.
16	Occupancy	1,835,980.		90,276.	359,624.
17	Travel	1,033,900.	1,300,000.	50,216.	339,024.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		31 260	C 540	20.061
19	Conferences, conventions, and meetings	66,869.		6,540.	29,061.
20	Interest	25,189.		25,189.	
21	Payments to affiliates	540 006		5.40.005	
22	Depreciation, depletion, and amortization	549,806.		549,806.	
23	Insurance	149, 599		149,599.	and the second s
24	Other expenses ttemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	REAL_ESTATE_TAXES	18,394.		18,394.	040.04=
	FREIGHT	22,146,225.		5,288.	213,217.
	OTHER_UNCOLLECTIBLE_PLEDGES_	2,153,218.		2,153,218.	
	MISCELLANEOUS	576,814.		141,259.	204,902.
	PENALTIES, FINES, JUDGEMENTS	4,000.		4,000.	
•	All other expenses				
25		1,516,189,273.	1,481,972,823.	9,001,631.	25,214,819.
26	Joint Costs. Check here ▶ X If following				
	SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a				
	combined educational campaign and fundraising			a de la companya de l	
JSA	solicitation				5000 (0000)

P	art X	Balance Sheet					
			(A) Beginning of year			B) of yea	r
	1	Cash - non-interest-bearing	11,924,428.	1	8,	622,	383
	2	Savings and temporary cash investments		2		274	
	3	Pledges and grants receivable, net	2,549,959.	3	1,	647,	312
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key		h			
	1	employees, or other related parties. Complete Part II of Schedule L	ATLA # Res Production Res Asland	5			
	6	Receivables from other disqualified persons (as defined under section					
	l.	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6		<u>.</u>	
ssets	7	Notes and loans receivable, net STMT. 8	234,444.			255,	535
58	8	Inventories for sales or use		8			
⋖		Prepaid expenses and deferred charges	137,571.	9		100,	985
		Land, buildings, and equipment: cost basis 10a 19,490,742.					
	מ	Less: accumulated depreciation. Complete	12 504 100	40-	10.	0.00	017
	11	Part VI of Schedule D	17,594,107.			293,	
	12	Investments - other securities. See Part IV, line 11	75,453.	12		54,	318
	13	Investments - program-related. See Part IV, line 11	, , , , , , , , , , , , , , , , , , ,	13			
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·		
	15	Other assets. See Part IV, line 11	3,307,187.		Δ (081,	075
	16	Total assets. Add lines 1 through 15 (must equal line 34)	35,823,149.			054,	
	17	Accounts payable and accrued expenses	5,766,277.			812,	
	18	Grants payable	07.0072	18		,,,,	000
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
abi		highest compensated employees, and disqualified persons. Complete Part II					
		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT- 11 .	5,913,395.	23	5,2	249,	647
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	65,000.	25		17,	025
	26	Total liabilities. Add lines 17 through 25	11,744,672.	26	10,1	179,	010.
ses		Organizations that follow SFAS 117, check here 🕨 🔀 and complete lines 27 through 29, and lines 33 and 34.		11			
Balances	27	Unrestricted net assets	24,053,241.	27	21,8	859,	803.
Ba	28	Temporarily restricted net assets	25,236.	28		115,	812
Fund	29	Permanently restricted net assets		29			
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.		I			
ssets	30	Capital stock or trust principal, or current funds		30			
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
et A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	24,078,477.			975,	
_	34	Total liabilities and net assets/fund balances	35,823,149.	34	32,0	054,	625.
Fe	rt XI	Financial Statements and Reporting					
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Othe	r			Yes	No
2a		the organization's financial statements compiled or reviewed by an independent account					X
b		the organization's financial statements audited by an independent accountant?		· · · ·	· · 2b	Х	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	•				
•		, review, or compilation of its financial statements and selection of an independent accour		· · · ·	· 2c	X	_
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
h		ingle Audit Act and OM8 Circular A-133?			-	X	
	11 16	io, and the organization undergo the required addit of adolts:			· · i 3b	X	4

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Con compared implementations

OMB No. 1545-0047
2008
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OOD										74510
Part I	Reason fo	or Public Cha	rity Status (All organi	izations m	ust compl	lete this p	part.) (se	e instruc	ctions)	
he org			•			-				
1	🚦 A church, c	onvention of ch	urches, or association o	of churches	described	in section	n 170(b)((1)(A)(i).		
2	A school de	scribed in <mark>sect</mark> i	ion 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	r a cooperative	hospital service organi	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Scheda	ule H.)
4	A medical	research organ	ization operated in co	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and s	tate:							
5				lege or uni	versity ow	ned or o	perated l	oy a gove	ernmental	unit described in
The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A chorol described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A norganization that normally receives: (1) more than 33/3/s of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organization section 509(a)(2). See section 500(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type II b Type II c Type III representation of the organization of the received a written determination from the IRS that it is a										
6	7			ntal unit de	scribed in s	section 1	70(b)(1)(A)(v).		
<u> </u>	7	_							or from t	he general public
. 5			•	•	по опрог		30 40	Jinai Dine	OF HOME	no gonerar public
ρ	7				molete Par	6 II V				
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicily supported organizations described in section 509(a)(1). (See See 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									
Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii), (Altach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitals name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization 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)(v). (Complete Part II.) A norganization that normally receives. (1) more than 33/3/% 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 33/3/% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) and organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on 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 or										
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally Integrated d Type III - Supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally Integrated d Type III									
		-							STI (ax)	non businesses
• [3	-						-	/! !! -	6 5
<u>'</u> -	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 590(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III c Type III - Functionally Integrated d Type III - Other 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 590(a)(2).									
1	_	-		-						•
					-					
						•	-			!
e		_	-				-			·
	persons oth	er than founda	ition managers and oth	er than on	e or more	publicly s	supported	d organiza	ations de	scribed in section
f	If the orgai	nizatìon receive	ed a written determina	tion from 1	the IRS tha	at it is a	Type I,	Type II or	r Type III	supporting
g	Since Augu	st 17, 2006, ha	s the organization acce	pted any g	ift or contri	bution fro	m any of	f the		
	following pe	rsons?							•	
	(i) A pers	on who directly	y or indirectly controls	, either ald	one or tog	ether witl	h persor	is describ	ed in (ii)	Yes No
	and (iii)	below, the gov	verning body of the supp	oorted orga	inization?					11g(i) X
	(ii) A famil	y member of a	person described in (i) a	bove?						11g(ii) X
	(iii) A 35%	controlled entit	y of a person described	l in (i) or (ii)	above?					11g(iil) X
h	Provide the	following inform	nation about the organi	zations the	organizati	on suppor	rts.			
(i) Nan			1					(vi) l	s the	(vii) Amount of
		. ,	(described on lines 1-9	in col. (I) lis	sted in your	the organ	nization in	organizat	ion in col.	
				governing	accument?					
			(,	Yes	No			1		
									-	
								ıı İ		
									-	
									-	
_										Mark Mark Mark Mark Mark Mark Mark Mark
						7				
			AA WEET		_					
otal	 									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	643,289,068.	781,791,286.	861,623,368.	1,034,671,709.	1,513,923,690.	4,835,299,120.
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 1-3	643,385,068.	/E3/191 2E6.	861,621,368,	1,034,671,709.	1,53,023,690.	4,835,299,120.
5	The portion of total contributions by each person (other than a governmental unit or	n He					
	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.						4,835,299,120.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning In)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	643,289,068.	781,791,286.	861,623,368.	1,034,671,708.	1,513,923,690.	4,835,299,120.
	payments received on securities loans, rents, royalties and income from similar sources	117,171.	87,318.	128,759.	160,816.	116,644.	610,708.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			5,312.	9,711.	4,675.	19,698.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.)	2090	- 10XE	131,725.	141,349	^^6,77 6 .	478,807.
11	Total support. Add lines 7 through 10						4,836,408,333.
12	Gross receipts from related activities, etc. (S	ee instructions.)				12	
13	First five years. If the Form 990 is for the o	rganization's first	, second, third, for	irth, or fifth tax ye	ear as a 501(c)(3)		~~~~~
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp	ort Percentag	je				
14	Public support percentage for 2008 (lin	e 6, column (f)	divided by line	11, column (f))		14	99.98 %
15	Public support percentage from 2007 \$						99.99 %
16a	33 1/3% support test - 2008. If the or	ganization did r	ot check the bo	x on line 13, a	nd line 14 is 33	1/3% or more,	check this box
	and stop here. The organization qualifi-	_					
b	33 1/3% support test - 2007. If the or						
	box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2	•	-	-			
	is 10% or more, and if the organization	-					
	in Part IV how the organization meets t					•	
	organization			•	·	, , ,	1 1
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiza	_					
	Explain in Part IV how the organization						licly
	supported organization						
18	Private foundation. If the organization						
							
	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.)

	(Complete only if you officered	2 (110 DOX 011	TITLE C OI T CITT	.,			
	tion A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1		
	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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				ľ		
	its behalf	-					
5	The value of services or facilities					,	
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
J	received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000 • • • • • • • • • • • • • • • •		-				
	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from	- Constant				200	
Sec	tion B. Total Support			DEU SERTEMENT	Essence I Magillus Mi	2 (Sei 200 4 105)	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(4) 2007	(3) 2000	(5) 2000	(4) 2001	(0) 2000	(i) Total
	Gross income from interest, dividends,						
. J u	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less	_					
J	section 511 taxes) from businesses				(i		
	acquired after June 30, 1975						
r.	Add lines 10a and 10b						
	Net income from unrelated business		-				
•	activities not included in line 10b,						
	whether or not the business is regularly						
12	carried on						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1.79	10	2003	in vany		
14	First five years. If the Form 990 is for t	the organization	on's first, second,	third, fourth, or		s a section 501	(c)(3)
	organization, check this box and stop here.		<u></u>	<u></u>	<u></u>	<u></u>	▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2008 (line 8,			mn (f))		15	%
16	Public support percentage from 2007 Sched					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2008 (line	e 10c, column	(f) divided by line			17	%
18	Investment income percentage from 2007 Se					18	%
19a	33 1/3% support tests - 2008. If the orga					nan 33 1/3 %, and	line
	17 is not more than 33 1/3 %, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	
b	33 1/3% support tests - 2007. If the organ	ization did not	check a box on li	ne 14 or line 19a,	and line 16 is me	ore than 33 1/3 %	, and
	line 18 is not more than 33 1/3 %, check this	box and stop h	ere. The organiza	tion qualifies as a p	publicly supported	d organization	, . >
20	Private foundation. If the organization did no						

Part IV	Supplemental Part II, line 17a	Information. Comp or 17b; or Part III, li	lete this part ne 12. Provid	to provide t e any other ac	he explanatio Iditional inform	n required by nation. (see ins	Part II, line 10; structions)
SCHEDULE	A, PART II - OTHER	INCOME					
_DESCRIPT1	I ON	2004	2005	2006	2007	2008	TOTAL
OTHER INC	COME	NONE	NONE	127,720.	141,349.	209,738.	478,807.
TOTALS_	·	NONE			141,349.		
					***************************************	e dans were some more were some now their some n	*** Not the too too too too too too too too too to
	·						
~							
						· · · · · · · · · · · · · · · · · · ·	··
						·	
					_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
						·	

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organiz

Schedule of Contributors

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

OMB No. 1545-0047

FOOD FOR THE POOR,	INC.	Employer identification nur
Organization type (check o	ne):	59-2174510
Filers of:	Section:	
Form 990 or 990-EZ	ization	
	4947(a)(1) nonexempt charitable trus	ust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	l
	4947(a)(1) nonexempt charitable trus	ost treated as a private foundation
	501(c)(3) taxable private foundation	
General Rule For organizations property) from an	es for both the General Rule and a Special Rule. S filing Form 990, 990-EZ, or 990-PF that receive y one contributor. Complete Parts I and It.	
under sections 50	9(a)(1)/170(b)(1)(A)(vi), and received from any 000 or (2) 2% of the amount on Form 990, Part	0-EZ, that met the 331/3% support test of the regulations one contributor, during the year, a contribution of the tVIII, line 1h or 2% of the amount on Form 990-EZ, line
during the year, a	ggregate contributions or bequests of more than	or Form 990-EZ, that received from any one contributor, an \$1,000 for use exclusively for religious, charitable, cruelty to children or animals. Complete Parts I, II, and III.
during the year, s not aggregate to the year for an ex applies to this org	ome contributions for use exclusively for religious more than \$1,000. (If this box is checked, enter clusively religious, charitable, etc., purpose. Do r	or Form 990-EZ, that received from any one contributor, us, charitable, etc., purposes, but these contributions did r here the total contributions that were received during not complete any of the parts unless the General Rule eligious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but the	y must answer "No" on Part IV, line 2 of their Fo	e Special Rules do not file Schedule B (Form 990, orm 990, or check the box in the heading of their meet the filing requirements of Schedule B (Form 990,
For Privacy Act and Paperwork Refor Form 990. These instructions v	eduction Act Notice, see the instructions vill be issued separately.	Schedule B (Form 990, 990-EZ, or 990-PF) (

Name of organization

FOOD FOR THE POOR, INC.

Employer identification number 59-2174510

Part I	Contributors	(see	instructions)
--------	--------------	------	--------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$775,407,698.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 63,154,279.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$62,653,926.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$ 119,587,956.	Person X Payroll X (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$60,603,527.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	•		
		(c) Aggregate contributions	(d) Type of contribution

Name of organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Part Contributors	(see	instructions)	1
---------------------	------	---------------	---

	nors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$112,791,358.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		- - 96,965,648.	Person X Payroll X Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		_ \$33,533,088.	Person X X Payroll X X (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		_ \$66,488,657 _	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
,		- \$ 332,421.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		(c) Aggregate contributions	(d) Type of contribution
		\$95,728,334.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

(d)

(d)

(d)

-	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(c) Aggregate contributions	(d) Type of contribution
-	\$	Person Payroll Noncash

(c)

Aggregate contributions

JSA 8E1253 1 000

a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

(Complete Part II if there is

Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

Employer identification number

59-2174510

of

P

No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$75,407,698.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 63,154,279.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$62,653,926.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$119,587,956.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$60,603,527.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received

26,228,385.

VARIOUS

of Part II

Name of organization FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

of

Part II	Noncash	Property	(see	instructions)
10.90 2 5 6.75 1	HOHCASH	Lioperty	(300	111311 40110113)

No. m t!	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$112,791,358.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$96,965,648.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$33,533,088.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$66,488,657.	VARIOUS
		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		(c) FMV (or estimate) (see instructions)	(d) Date received

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

,,,,,,	o or are organization			Employer reconstruction realises
	OD FOR THE POOR, INC.			59-2174510
Pa	Organizations Maintaining Donor Advised the organization answered "Yes" to Form S	d Funds or Other S 390, Part IV, line 6.	imilar Funds or	Accounts. Complete if
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis	ors in writing that the	assets held in dor	nor advised
	funds are the organization's property, subject to the or			
6	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene	tonor advisors in writ fit of the donor or do	ing that grant funds nor advisor or other	may be
G 100 C	impermissible private benefit?		* * * * * * * * * *	Yes No
) PE	rt II Conservation Easements. Complete if the Purpose(s) of conservation easements held by the org			rm 990, Part IV, line 7.
	Preservation of land for public use (e.g., recreation	n or pleasure)	Preservation of	an historically importantly land area
	Protection of natural habitat		Preservation of	certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualifie	ed conservation contr	ibution in the form	of a conservation easement
	on the last day of the tax year.		Г	
				Held at the End of the Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements .			2b
c	Number of conservation easements on a certified history	oric structure included	d in (a)	2c
đ	Number of conservation easements included in (c) ac	quired after 8/17/06		2 d
3	Number of conservation easements modified, transfer	red, released, exting	uished, or terminat	ted by the organization during
	the taxable year 🕨			
4	Number of states where property subject to conservat	ion easement is locate	ed 🕨	
5	Does the organization have a written policy regarding	the periodic monitori	ng, inspection, viola	ations, and
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspec	ting, and enforcing ea	asements during the	e year 🟲
7	Amount of expenses incurred in monitoring, inspecting	, and enforcing ease	ments during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the r	equirements of sect	tion
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	·		Yes No
9	In Part XIV, describe how the organization reports con	servation easements	in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of th	e footnote to the orga	anization's financia	l statements that describes
	the organization's accounting for conservation easeme			
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Ye	Art, Historical Trea es" to Form 990, Pa	asures, or Other art IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fo provide, in Part XIV, the text of the footnote to its finar	r public exhibition, ec	ducation, or resear	ch in furtherance of public service.
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for purprovide the following amounts relating to these items:	blic exhibition, educa	ition, or research ir	n furtherance of public service,
	(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, histor	ical treasures, or oth	er similar assets fo	r financial gain, provide the
	following amounts required to be reported under SFAS			
a	Revenues included in Form 990, Part VIII, line 1			
þ	Assets included in Form 990, Part X			
For	Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2008

Using the organization's accession and other records, check any of the following that are a significant use of its collection latems (check all that apply): Public exhibition	Par	Cili Organizations Maintaining Colle	ections of Art, Histo	ricai i reasure	s, or Other Simil	ar Assets (continued)
items (check all that apply): a Public axhibition d Loan or exchange programs b Scholarly research Provide a description of future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Purpose a description of the organization solidi or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XIV. Iline 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 XIV and complete the following table: a Beginning balance b If "Yes," Explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance c Beginning balance c Beginning balance b If "Yes," Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b If "Yes," Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1b Contributions c Investment earnings or losses d Grants or scholarships. c Investment earnings or losses g End of year balance. b Contributions c Investment earnings or losses g End of year balance. b Provide the estimated organizations b If "Yes," To Form 990, Part X, line 10. Ves No Part W Investments - Land, Buildings, and Equipment, See Form 990, Part X, line 10. C Tarm endowment % 1a Land.	3	Using the organization's accession and other	r records check any	of the following t	hat are a significa	nt use of its collection
a Public exhibition d Loan or exchange programs Other Preservation for future generations of the 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 solict or receive donations of art, historical treasures, or other similar assets to be sold to reise funds rether than to be maintained as part of the organization sollection?	J		records, check any	of the following t	nat are a significat	it use of its collection
b Subolarly research c Preservation for future generations 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 selicit 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. Iline 9, or reported an amount on Form 990, Part X, Iline 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Iline 9, or reported an amount on Form 990, Part X, Iline 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Iline 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Iline 21. 1b If Yes, Yaplain the arrangement in Part XIV and complete the following table: C Beginning balance	2		d	Loan or ex	change programs	
c Preservation for future generations 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 solict 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 answered "Yes" to Form 990. Part IV Trust, 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? 1b If "Yes," explain the arrangement in Part XIV. 1c Beginning balance .				- 4	change programs	
Part XV. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XV. 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 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?. 1b If "Yes," explain the arrangement in Port XIV and complete the following table: 1c Beginning balance 1 to 1 t				Other		
Part XV 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 answered "Yes" to Form 990, Part IV. Ine 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part X, 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 XV. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance. 1				how they further	the organization's	e evemnt nurnose in
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 Trust, 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? and complete the following table: □ Beginning balance 16 □	4		ollections and explain	now they further	the organizations	s exempt purpose in
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization's collection?	5		or receive donations o	of art historical t	reacures or others	eimilar
Part IV	J					
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?	Par					
a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year 1 to d Distributions during the year f Ending balance 1 to	[m (3)]				ilon answered i	es to Form 990,
Included on Form 990, Part X? Yes		Tarriv, mie o, or reported arrain	Todnic on T on T ooo,	Tarry, into 21.		
Included on Form 990, Part X? Yes	1 2	le the organization an agent trustee custod	ian or other intermedi	ary for contributi	one or other accet	s not
b If "Yes," explain the arrangement in Purt XIV and complete the following table: Amount c Beginning balance . 1c d Additions during the year . 1d e Distributions during the year . 1f Ending balance . 1f 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance . (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions . (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Investment earnings or losses . (d) Grants or scholarships . (e) Contributions . (f) Administrative expenses . (g) End of year balance . (g) Four years end balance held as: a Board designated or quasi-endowment B Permanent endowment B Permanent endowment B Are there endowment B Are there endowment B Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) related organizations . (g) Interest organizations endowment funds. 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. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part XIV the intended uses of the organization's endowment funds. Describe in Part	ı a					
to Beginning balance	h					Tes No
C Beginning balance 1 C	IJ	Tres, explain the arrangement in ration	and complete the foil	owing table.		Amount
d Additions during the year		Paginning balance			4-	Allount
e Distributions during the year						
Fending balance 10 to the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV. Part V	u					
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 organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions	ŧ.					
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (22					Vac No
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. a Beginning of year balance (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		-		ZI!		res No
Contributions Contributio				ared "Ves" to Fo	orm 990 Part IV	line 10
1a Beginning of year balance	Fall					
b Contributions	1a		Cit real (b) riior ye		ars back (a) Time	(c) Four years back
c Investment earnings or losses . d Grants or scholarships						
d Grants or scholarships						
e Other expenditures for facilities and programs		_				
and programs						
g End of year balance	·					
g End of year balance	f					
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: (i) unrelated organizations. 3a(ii) (ii) related organizations listed as required on Schedule R? 3b Part VI 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 (other) (c) Depreciation (d) Book value (investment) (a) Cost or other basis (other) (c) Depreciation (d) Book value (d) Bo						
a Board designated or quasi-endowment ▶	•		ar and halance hald as			
b Permanent endowment ▶		, , ,		•		
c Term endowment ▶						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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) Depreciation (d) Book value (d) Book value 1a Land. 6, 140, 388. b Buildings. 9, 855, 826. 369, 513. 9, 486, 313. c Leasehold improvements 625, 977. 46, 948. 579, 029. d Equipment 2, 232, 585. 1, 575, 037. 657, 548. e Other. 633, 291. 203, 552. 429, 739.						
organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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) Depreciation (d) Book value 1a Land .			ession of the organiza	ation that are hel	d and administered	I for the
(i) unrelated organizations. 3a(ii) (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) Depreciation (d) Book value 1a Land 6, 140, 388. 6, 140, 388. 6, 140, 388. b Buildings 9, 855, 826. 369, 513. 9, 486, 313. c Leasehold improvements 625, 977. 46, 948. 579, 029. d Equipment 2, 232, 585. 1, 575, 037. 657, 548. e Other 633, 291. 203, 552. 429, 739.			oblight of the organize	tion that are no	a aria aariiiilotoiot	T
(ii) related organizations B If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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) Depreciation (d) Book value 1a Land 6, 140, 388. 6, 140, 388. 6, 140, 388. 9, 855, 826. 369, 513. 9, 486, 313. 9, 486, 313. 579, 029. 46, 948. 579, 029. 579, 029. 46, 948. 579, 029. 657, 548. 60ther 633, 291. 203, 552. 429, 739.						
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?						
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) Depreciation (d) Book value 1a Land 6,140,388. 6,140,388. 6,140,388. b Buildings 9,855,826. 369,513. 9,486,313. c Leasehold improvements 625,977. 46,948. 579,029. d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.	b	.,				
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) Depreciation (d) Book value 1a Land	_		•			
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land 6,140,388. 6,140,388. 6,140,388. b Buildings 9,855,826. 369,513. 9,486,313. c Leasehold improvements 625,977. 46,948. 579,029. d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.					rt X line 10	
(investment) basis (other) 1a Land 6,140,388 b Buildings 9,855,826 c Leasehold improvements 625,977 d Equipment 2,232,585 e Other 633,291 10,757,037 657,548 203,552 429,739						(d) Rook value
b Buildings 9,855,826. 369,513. 9,486,313. c Leasehold improvements 625,977. 46,948. 579,029. d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.		Description of investment			(c) Depreciation	n (d) Book value
b Buildings 9,855,826. 369,513. 9,486,313. c Leasehold improvements 625,977. 46,948. 579,029. d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.	1 a	Land	6,140,388		***	6.140.388
c Leasehold improvements 625,977. 46,948. 579,029. d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.					369.51	
d Equipment 2,232,585. 1,575,037. 657,548. e Other 633,291. 203,552. 429,739.	С	S				
e Other	d					
000/2324	е					
	Tota	. Add lines 1a-1e. (Column (d) should equal		ımn (B), line 10(c).)	► 17,293,017.

Schedule D (Form 990) 2008

Schedule D (F		- F 000 P-+ V / 1	59-21/4510	Page J
Part VII	Investments - Other Securities. See			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on: et value
			Obst of Cha-or-year mark	ot value
	vatives and other financial products			
	equity interests		AA VII	
Other			(A)	
	~			
			A	
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII	Investments - Program Related. Se	Form 990 Part X line 1	3.	`
	(a) Description of investment type	(b) Book value	(c) Method of valuati	on:
	(a) Description of investment type	(b) Book value	Cost or end-of-year market	et value
	A 777			
	A VIV			AAA Y
No. of the second secon		· · · · · · · · · · · · · · · · · · ·		
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part >			
PARKIA	· · · · · · · · · · · · · · · · · · ·	(a) Description		(b) Book value
DONAMED	1000	(a) Description		
	GOODS - IN TRANSIT			3,995,825
DEF, EMP	LOYEE LOANS, MISC REC			85,250
				,
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 15.) .			4,081,075
Part X	Other Liabilities. See Form 990, Pa			
	(a) Description of liability	(b) Amount		
Federal incom				
		17.025		
GIFI ANN	UITY OBLIGATION	17,025		
A		(3)		
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	17,025		
	, , , , , , , , , , , , , , , , , , , ,	3.7023		

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.

JSA

8chedule D (Form 990):
3Z5041 2Y3W 06/15/2009 13:35:05 V08-6.4 18081

27

Schedule D (Form 990) 2008 59-2174510 Page

	39-21/4510		Page 😽
Part			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,514,086,411.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,516,189,273.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,102,862.
4	Net unrealized gains (losses) on investments	4	
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 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,102,862.
Part			1 11111
1	Total revenue, gains, and other support per audited financial statements	1	1514086411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c	_	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	1514086411.
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)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		1514086411.
Part			
1	Total expenses and losses per audited financial statements	1	1516189273.
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 Losses reported on Form 990, Part IX, line 25 Other (Pagarite in Part XIV)		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	1516189273.
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1516189273.
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lir	nes 1b
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		

Schedule D (Fo	rm 990) 2008	59-21/4510	Page 5
Doet YIV	Supplemental Information (continued)		
Lair VIA	Supplemental information (continued)		
	· · · · · · · · · · · · · · · · · · ·		
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JSA

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Inspection

Employer identification number

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

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 X Yes For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (c) Number of (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total region (by type) (i.e., expenditures in offices in the employees or a program service, fundraising, program services, describe specific type of region region agents in grants to recipients located in service(s) in region region the region) CENTRAL AMERICA/CARIBBEAN NONE NONE GRANTMAKING GEN. SUPPORT & SHELTER 21,188,150. NONE NONE GRANTMAKING 1,602,976. GEN. SUPPORT & SHELTER SOUTH AMERICA

NONE 22,791,126.

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

Schedule F (Form 990) 2008

Schedule F (Form 330) 2008

Part II

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990_ 

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	cash grant	Cash distantament	(g) Am sunt of non-cash essettonos	of non-cash sessionae	(book, FMV. appraisal, other)
			TTT. AMERICA/CABIDDIAN	CHARIBLE AID	21,188,150.	СНК/			W.
			TE AMERICA	CYANTBLE AID	1,602,976.	CHK/\RT			
			T. JCA/CARIBE	CHARIBLE AID	-	SHIFMENT	1,292,581,342.	RELIEF GOODS FMV	FMV
			WHITH . THICA	THIRIBLE AID		SHIMIN	28,914,912.	RELIEF GOODS FMV	PMV
			SCUTH AMERICA	CHARIBLE AID		SHIPPER	106,319,834.	RELIEF GOODS, PMV	ZMZ
			oor a manuar						00000
		****		1117 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- CHARLES AND A COLUMN TO THE				7000000 A
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THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I				- COAMPARA	#19 A 100 A	- AND	100°- 1011000-	4.00	
									2000
					A.A.				
					- Control of the Cont		- AAAVAAVOODITII.	***************************************	

	09	NONE
nsel has		· <b>A</b> · · · · ·
as charities by the foreign country or for which the grantee or counsel has		
	incy letter	ions or entities
<ol><li>Enter total number of organizations that are recognized</li></ol>	provided a section 501(c)(3) equivalency letter	3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2008

Page 3

Schadule F (Form 990) 2008

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.

	ondo minama i		***************************************				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(a) Manner of cash cash databarsement	(f) Amount of non-cash assistances	(g) Description of non-cases assistance	(h) Method of valuation (book, FMV,
			Target Control of the		COORDINATE OF THE PROPERTY OF		The second secon
			THE COLOR OF THE C				
		a statement					A control of the cont
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Schedule F (Form 990) 2008

Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
POLICY FOR VERIFYING GOODS DISTRIBUTION
SCHEDULE F, PART I, LINE 2
CONTAINERS OF GOODS ARE TRACKED UNTIL THEY ARRIVE AT THE BENEFICIARY'S
WAREHOUSE. A "RECEIPT OF GOODS" FORM IS PROVIDED TO THE RECIPIENT AND HAS
TO BE COMPLETED AND RETURNED WITHIN 48 HOURS OF RECEIVING THE
CONTAINER/AIR FREIGHT SHIPMENT. THIS REPORT STATES THE QUANTITY OF THE
GOODS RECEIVED, THE CONDITION IN WHICH THE GOODS ARRIVED AND ALSO
PROVIDES THE ARRIVAL DATE AT THE PORT AND CONFIRMATION THE INVENTORY WAS
RECEIVED.
THREE MONTHS AFTER RECEIVING THE GOODS THE BENEFICIARIES ARE REQUIRED TO
SEND US A "DISTRIBUTION REPORT", WHICH DETAILS THE DISTRIBUTION OF THE
GOODS IN ACCORDANCE WITH THEIR CHARITABLE PURPOSE.
ADDITIONAL FEEDBACKS AND SURVEYS ARE CONDUCTED IN PERSON BY PROJECT
COORDINATORS WHO TRAVEL TO THE VARIOUS COUNTRIES WE SERVE AND INSPECT THE
OPERATIONS OF PROJECTS AND PROGRAMS. VISITS BY THE DIRECTOR OF
INTERNATIONAL OPERATIONS ARE MADE OCCASIONALLY TO ORGANIZATIONS THAT
RECEIVE OUR GOODS INTERNATIONALLY.
ASSOCIATED CHARITIES THAT RECEIVE GRANT ASSISTANCE FROM FOOD FOR THE POOR
ARE AUDITED BY INDEPENDENT ACCOUNTING FIRMS. REVIEWS ARE MADE OF THEIR
AUDITED FINANCIAL STATEMENTS AND AUDIT REPORTS TO PROVIDE ASSURANCE OF
THE PROPER USE OF FUNDS. ADDITIONALLY, WE RECEIVE PERIODIC REPORTS
SUBSTANTIATING THE USE OF FUNDS FOR PROJECTS WE ARE FUNDING.

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2008
Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

ame of the organization					Employer identification	on number
OOD FOR THE POOR, INC.	166				59-217451	.0
Part I Fundraising Activities. Co	mplete if the orga	inization a	nswered '	'Yes" to Form 9	90, Part IV, line	17.
Indicate whether the organization ra  Mail solicitations  b Email solicitations  c Phone solicitations  d In-person solicitations  2a Did the organization have a written or key employees listed in Form 99	f f c or oral agreement	Solid Solid Spec	itation of r itation of ç cial fundrai dividual (in	non-government g government grant ising events cluding officers, c	grants s lirectors, trustees	Yes X No
b If "Yes," list the ten highest paid ind to be compensated at least \$5,000  (i) Name of individual or entity (fundraiser)		n. Form 990				
or orany (dilutuoor)			utions?		fundraiser listed in col. (I)	organization
		Yes	No			
				- Man		
		-				
			NO.	AA V		**************************************
otal			▶			
List all states in which the organiza registration or licensing.				it funds or has t	peen notified it is	exempt from
					· • • • • · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2008

Pa	Fundraising Events. Complemore than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fo t events with gross re	orm 990, Part IV, lin ceipts greater than	e 18, or reported \$5,000.
۵		(a) Event #1 GALA-ATL (event type)	(b) Event #2 GALA-BOCA (event type)	(c) Other Events  4 (total number)	(d) Total Events (Add col (a) through col. (c))
Revenue	Gross receipts     Less: Charitable contributions		25,760.	39,908.	92,452
	3 Gross revenue (line 1 minus line 2)	26,784.	25,760.	39,908.	92,452
	4 Cash prizes				
Direct Expenses	5 Non-cash prizes				
ect Ex	6 Rent/facility costs				
Dir	7 Other direct expenses			91,418.	200,264
Da	8 Direct expense summary. Add lines 4     9 Net income summary. Combine lines     Gaming. Complete if the org	3 and 8 in column (d).			200,264.) -107,812
ra	than \$15,000 on Form 990-	EZ, line 6a.	res to Form 990, Par	tiv, line 19, of tep	orted more
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ä.	1 Gross revenue				
nses	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
Direc	4 Rent/facility costs				
	5 Other direct expenses	Yes %	Yes %	Yes %	
	6 Volunteer labor	Yes%	Yes%     No	Yes%	
	7 Direct expense summary. Add lines 2	2 through 5 in column (d)	)		(
	8 Net gaming income summary. Comb	ine lines 1 and 7 in colur	nn (d)		
9 a	Enter the state(s) in which the organizates is the organization licensed to operate g				Yes No
	o If "No," Explain:				
	Were any of the organization's gaming of the organization	icenses revoked, suspe	ended or terminated durin	g the tax year?	10a
11	Does the organization operate gaming a	activities with nonmembe			
12	Is the organization a grantor, beneficiar formed to administer charitable gaming?	y or trustee of a trust or	a member of a partners	hip or other entity	

13 Indicate the percentage of gaming activity operated in:  a The organization's facility				
b An outside facility				
Provide the name and address of the person who prepares the organization's gaming/special event books and records:				
and records:				
Name				
Address ►				
15a Does the organization have a contract with a third party from whom the organization receives gaming				
revenue?				
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:				
	1			
Name 🕨				
Address -	N.			
16 Gaming manager information:				
Name Name				
Gaming manager compensation ▶ \$				
Description of particognerouided	1			
Description of services provided				
Director/officer Employee Independent contractor				
Employee macpondon 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?				
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
in the organization's own exempt activities during the tax year ▶\$				

Schedule G (Form 990 or 990-EZ) 2008

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMR No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▼ Attach to Form 990.

The organization						Employer (dentification number	ion number
FOOD FOR THE FOOK, INC.						28-21/4210	
Part I General Information on Grants and Assistance	s and Assistar	Jce					
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 grants or assistance?	to substantiate	the amount of	the grants or assist	ance, the grantees'	eligibility for the grant	s or assistance, and	×
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for m	onitoring the u	ise of grant funds in the	he United States.			See T
Partil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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	to Governme any recipient orm 990) if ad	ints and Orgation that received diditional space	unizations in the Urd more than \$5,000 is is needed	nited States. Com 0. Check this box	iplete if the organize if no one recipient	ation answered "Y	es" on \$5,000.
(a) Name and address of organization     or government	(b) EIN	(c) +C section if milicable	(d) Amount of cash grant (e) Amount of transference	(e) American	(b) (bc) (c) (d)	(g) Description of non-cash assettings	(h) Purpose of grant or assistance
		ANNA PARENTAL PARENTA		170,447. FMV	FMV	FOOD	(e).
					And a second sec		
	<u> </u>	* (A Annual	- COORDINATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND AD	1 0000 P	AMBOR TOTAL		0000
		and the second s	A LA CARONA				
					1.000	<u> </u>	
				And Andrews and An		and the second s	
		44.8	man A AAA	Walter Commence of the Commenc	- Aller - Alle		
2 Enter total number of section 501(c)(3) and government	and governmer	nt organizations		110000			2
3 Enter total number of other organizations	S					*********	1
For Privacy Act and Paperwork Reduction Act Notice, see	Act Notice, se		the Instructions for Form 990.			Sch	Schedule I (Form 990) 200

Schedule I (Form 990) 2008

38

Schedule I (	Schedule I (Form 990) 2008			59-2174510			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	idividuals in the	e United States needed.	. Complete if th	e organization answered	Ι.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash as sistance	(a) Mothod of valuation (book FMV, appraisal, other)	(f) Description of non-cush assistance	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	ormation required	d in Part I, line 2, and any	other additional information.	
FORM 9	9901_SCHEDULE_I1_PART_I1_LIINE_	2	1   1   1   1   1   1   1   1   1   1				 
MONITORING	RING PROCEDURES IN U.S.A.						
FEEDBA	FEEDBACK REPORTS ARE RECEIVED DETAILING HOW GOODS AND GRANTS ARE USED	TLING HOW G	SOODS AND GR	ANTS ARE USE	NH		! ! !
THE EI	FIELD EMAILS, PHONE CALLS AND	OTHER	CORRESPONDENCE	ARE MADE TO			! ! !
COMMUNICATE	ICATE THIS FEEDBACK AS WELL.						1
1							 
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		 		1			 
1		 	1	 			
 							1
						Schedule I (Form 990) 2008	90) 2008

## SCHEDULE J (Form 990)

## **Compensation Information**

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

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD FOR THE POOR, INC.

Employer Identification number

59-2174510

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2	-	
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5 b		Χ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
þ	Any related organization?	6b		_X
	If "Yes" to line 6a or 6b, describe in Part III.	P 1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		_X

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

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 (ii) 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.

		(B) Br	eakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation		(ii) Bonus & incontisco	(iii) Other reportable compensation	compensation	banefits	(D)-(D)	reported in prior Form 990 or Form 990-EZ
	8		339,980.	1,200.	4,065.	NONE	NONE	345,245.	NONE
ROBIN G MAHFOOD	(ii)		NONE	NONE	NONE			NONE	
	0		164,033.	1,200.	4,921.	HON	10,186.	180,340.	NONE
MAURICE-PIERRE CHA	NES (ii)		NONE	NONE	NONE			NONE	3
	<b>©</b>		204,631.	1,200.	6,139.	NONE	NONE	211,970.	NONE
ANGEL ALOMA	(1)		NONE					NONE	
	8								
	(H)		1						
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	(E)								
	(E)	(	          						
	(6)								
	(ii)	(1)							
	(I)	(							
	(E)	(1							
	(i)	(	1						
	(ii)	0						1	
	(8)								
	(E)	(	 	             					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<b>E</b>								
	(E)	(							
	(i)	(		1					
	Ē								
								Schi	Schadule J (Form 990) 2008

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Schedule J (Form 990) 2008

## SCHEDULE J-2 (Form 990)

## Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

Employer Identification number

59-2174510

FOOD FOR THE POOR, INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	(8)	Section			C)			(D)	(E)	(F)
Name and ⊤itle	Average hours per week	100	1			that ap	1	Reportable compensation	Reportable compensation	Estimated amount of
		individual frustee or director	as a futicinal fue se	Officer	way employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
P_TODD_KENNEDY						i				
CHAIRMAN	1.	X		_	_	1	-	NONE	NONE	NONE
ROBIN G MAHFOOD DIRECTOR/PRESIDENT	60.	Х		Х	X	X		345,245.	NONE	19,629.
REV GREGORY RAMKISSOON										
DIRECTOR	1.	X				A		NONE	NONE	NONE
GRACE BONINA			Ì				μĪ			
DIRECTOR	1	X			L			NONE	NONE	NONE
RHONDA MAINGOT									and the state of t	
DIRECTOR	1.	X						NONE	NONE	NONE
THE RT REV LEOPOLD FRADE						1				
DIRECTOR	1.	X				<u></u>		NONE	NONE	NONE
ALVARO J PEREIRA			MI							
DIRECTOR	1	X						NONE	NONE	NONE
LYNNE G NASRALLAH ED D										
DIRECTOR	1.	X			<u></u>			NONE	NONE	NONE
MOST REV LAWRENCE A BURKE S J							Hi			
DIRECTOR	1 <u>.</u>	X			<u></u>			NONE	NONE	NONE
BILL BENSON				7						
DIRECTOR	1.	X		4	L			NONE	NONE	NONE
HIS EMINENCE ÓSCAR ANDRÉS CARD	INAL									
DIRECTOR	1.	X						NONE	NONE	NONE
DAVID PRICE				-				,		
SECRETARY/TREASURER	40.			X				60,000.	NONE	NONE
ANGEL ALOMA										
EXECUTIVE DIRECTOR	60.			X	X	X		211,970.	NONE	10,263.
MAURICE-PIERRE CHAVANNES				1				(V		
INT'L OPERATIONS DIRECTOR	40.		١.			X		170,154.	NONE	NONE
MICHAEL ANTON				l 5		-		(		
PROJECTS DIRECTOR	40.					X		136,021.	NONE	NONE
FREDERICK KHOURI						1				
CHIEF OPERATING OFFICER	40.					X		132,981.	NONE	NONE
ARTHUR A GOLDKLANG			Ü			1				
SHIPPING D.RECTOR	40.			ļ	<u></u>	X		120,132.	NONE	NONE
GLEN BELDEN										
PLANNED GIFTS DIRECTOR	40.					X		118,480.	NONE	NONE
	_								'	

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

Schedule J-2 (Form 990) 2008

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Open To Public Inspection

Name of the or	ganization							Employe	r iden	tificati	on nur	nber	,
FOOD FOR	THE POOR, INC.							59-	217	4510	1		
	ess Benefit Transacations e completed by organizations								om 99	90-EZ	, Part	V, line	e 40b.
4	ZVNISS ZGENISS IE				<b>41-1</b>	D						(c) Cor	rrected?
1	(a) Name of disqualified person				(0)	) Description	of transac	ction				Yes	No
			-	A Company of the same of the Att									
				***************************************	***************************************	- //							
					***	-				2			
under:	ne amount of tax imposed on section 4958									* \$ _ * \$ _			
	oans to and/or From Interests be completed by organization				orm 990,	Part IV, line	e 26, or Fo	orm 990	EZ, P	art V.	line 3	8a.	
	interested person and purpose	(b) Loar	n to or from anization?	(c) Orig principal a	inal		ince due			(f) Ap	200	(g) W	/ritten ment?
		To	From					Yes	No	Yes	No	Yes	No
	AAA			· · · · · · · · · · · · · · · · · · ·									
											1		_
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									***************************************				
									11.	nti			
	ants or Assistance Benef be completed by organizatio					Part IV line	27						
	ame of interested person			between inte				mount of	grant	or type	e of as	eistann	~ <u>~</u>
(a) 146	arile of interested person	(6) (3)	CIGUOTISTAL	organizati		son and the	(6) ^1	nount of	grant	or typ	e oi as	SISTAN	<b>~</b> C
		<del> </del>		· · · · · · · · · · · · · · · · · · ·									
												-	
	A A A A A A A A A A A A A A A A A A A												
	usiness Transactions Invo be completed by organizatio				orm 990,	Part IV, line	es 28a, 28	ь, ог 28	C.				
(a) Na	ame of interested person			p between son and the ation		nount of saction	(d) De	escription	of tra	insacti	on		anng of zation's nues?
		10000000										Yes	No
DAVID PRICE		ATTORI				60,000.	LEGAL SE		-		-		X
ESSEX EXPORTS		LESSE	-		***************************************	41,250.	RENTAL C	F SPACE					X
							*			_			
·		THE COLUMN	~~~	m	-	-					-		

Schedule L (Form 990 or 990-EZ) 2008

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

#### SCHEDULE M (Form 990)

## **Non-Cash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2008
Open To Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

►Attach to Form 990. Inspectio

	D FOR THE POOR, INC.				59-217451	)		-
176	Types of Property	(5)	(le)	(-)		(4)	.,	
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1	Method o	(d) of determ venues	ining	J
1	Art-Works of art		****					
2	Art-Historical treasures , , .							
3	Art-Fractional interests							
4	Books and publications	Х		194,012,238.	FMV			
5	Clothing and household							
	goods	Х		64,597,156.	FMV			
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		1,614	54,152,734.				
20	Drugs and medical supplies	X	618	979,560,606.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( STMT_12)		1,122.	125,034,611.				
26	Other ►()							
27	Other ►()					<del></del>		,
28	Other ►()		WW.					,
29	Number of Forms 8283 received by	y the organiz			4433			
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowled	gement	. 29			ONE
							es_	No
30 a	During the year, did the organization		•	•		100		
	it must hold for at least three year				•			
	used for exempt purposes for the e		period?			30a	_	X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	X	_
32 a	Does the organization hire or use	-	<del>-</del>	•				
	contributions? , , ,				· · · · · · · · ·	32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report re	venues in c	olumn (c) for a type of pro	perty for which column (	a) is checked,	1		
	describe in Part II.							

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

Schedule M (Form 990) 2008

Schedule M (F	orm 990) 2008				59-217	74510		Page 2
Part II	Supplemental 32b, and 33. A	I <b>nformation.</b> Also complete	Complete thi this part for a	is part to proviciny additional inf	le the informati ormation.	on required by	Part I, lines 3	0b,
					— — — — — — — — — — — — — — — — — — —			
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	~							
						<u> </u>	~	
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Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	59-2174510
GOVERNING BODY AND MANAGEMENT	
FORM 990, PAGE 6, PART VI, SECTION A, LINE 10	
AN INITIAL DRAFT IS REVIEWED BY THE PRESIDENT, CFO, AN	D CONTROLLER FOR
ACCURACY BEFORE THE FORM 990 IS FILED. THE APPROVED D	RAFT OF THE FORM
990 IS SENT TO THE AUDIT COMMITTEE FOR REVIEW AND APPR	OVAL.
	- 1705 1007 1007 1007 1005 1005 1005 1005
~	
	THE RESIDENCE WAS BOOK THE THE BOOK THE

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	59-2174510
POLICIES AND PROCEDURES	
FORM 990, PAGE 6, PART VI, SECTION B, LINE 12C	
THE TAX-EXEMPT ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH	<b>ਾਪ</b> ਦ
THE TAX EXEMPT ORGANIZATION PRINTFORM AND ENFORCES CONFIDENCE WITH	1110
CONFLICT OF INTEREST POLICY THROUGH ANNUAL RELATED PARTY CONFIRMA	TIONS
SIGNED BY MEMBERS OF THE BOARD AND KEY EMPLOYEES.	
	~

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	59-2174510
POLICIES AND PROCEDURES	
FORICIES AND FROCEDURES	
FORM 990, PAGE 6, 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 PERSONNEL AS A PART OF THE AN	NUAL
BUDGETARY PROCESS.	
	un ka la aa la uu aa uu a ar nu no

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	59-2174510
DISCLOSURE ITEMS	
FORM 990, PAGE 6, PART VI, SECTION C, LINE 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS	AND CONFLICT OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. I	HE ANNUAL REPORT CONTAINS
A BRIEF SUMMARY OF THE FINANCIAL STATEMENTS AND	THE COMPLETE FINANCIAL
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.	

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	59-2174510
OTHER PROGRAM SERVICES	
FORM 990, PAGE 2, PART III, LINE 4D	
COMMUNITY SUPPORT AND DEVELOPMENT - FOOD FOR THE POOR SUPPORTS SE	
OTHER SELF-SUSTAINING PROJECTS, INCLUDING FRUIT TREE NURSERIES, T	ILAPIA
PONDS AND FISHING VILLAGES. BY INSTALLING WATER WELLS AND PUMPS,	
COMMUNITIES HAVE A SOURCE OF CLEAN WATER AND A MEANS OF IRRIGATION	N. ONCE
ESTABLISHED, THESE PROJECTS PROVIDE COMMUNITIES WITH A SENSE OF	
SELF-SUFFICIENCY AND RESTORE HOPE AND HUMAN DIGNITY. WITH HARD W	ORK AND
DETERMINATION, FAMILIES ARE ABLE TO FEED THEMSELVES, SEND THEIR C	HILDREN
TO SCHOOL AND EARN A LIVING.	
	da, and and and and the law and the time has and and and the time that the time that also the time the time the

# FORM 990, PART VI, LINE 17 - STATES

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,

TOTAL RELATED OR UNRELATED EXCLUDED EXCLUDED REVENUE BUSINESS REV. REVENUE		37,894. INTEREST INCOME	
----------------------------------------------------------------------------	--	----------------------------	--

STATEMENT

# SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

SALARIES & PAYROLL TAXES TELEPHONE

9,688. 158. -----9,846.

#### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
				TIVO OCILLI
OFFICE SPACE	78,750.	11,554.	38,485.	28,711.
TOTALS	78,750.	11,554.	38,485.	28,711.

# FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
per value and sept total their sept total state and total	Middle Alfold Mans broad Alfold Shills
GALA - BOCA	113,300.
GALA - ROCKFORD	158,152.
GALA - ORLANDO	208,786.
GALA - PALM BEACH	93,845.
GALA - ATL	42,534.
GALA - CHICAGO	116,928.
RAFFLES (3)	177,913.
OTHER EVENTS	260,643.
TOTAL	1,172,101.
	SALES STREET SPACE SALES AND AND SPACE SPA

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALA - BOCA	25,760.	43,352.	-17,592.
GALA - ROCKFORD	10,600.	17,881.	-7,281.
ī	12,530.	28,604.	-16,074.
GALA - PALM BEACH	26,784.	65,494.	-38,710.
GALA - AIL	11,250.	37,650.	-26,400.
GALA - CHICAGO	5,528.	7,283.	-1,755.
RAFFLES (3)	NONE	NONE	NONE
OTHER EVENTS	NONE	NONE	NONE
TOTALS	92,452.	200,264.	-107,812.
	100 March 100 Ma	H HAMMANAMAN H	

[_

FORM 990, PART X - NOTES		
BORROWER:	MORTGAGE RECEIVABLE	
		one that was post over your love that the the time state that out of the pure

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE

234,444.

TOTAL ENDING NOTES AND LOANS RECEIVABLES

255,535.

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
		1000 0000 0000 0000 0000 0000 0000 0000	
PREPAID EXPENSES		137,571.	100,985.
	TOTALS	137,571.	100,985.

60

# FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	TOTALS	75,453.	54,318.	
		make palate cross folion party folion folion folion folion folion from from folion better became passes palate	The last most rank have been been suited to the same death and devel from rank have	
MARKETABLE SECURITIES		75,453.	54,318.	FMV
		White solute dealer from these belows process process process. Strong		
DESCRIPTION		BOOK VALUE	BOOK VALUE	OR FMV
		BEGINNING	ENDING	COST

WHAT AND THE STATE WITH STATE STATE STATE AND ADDRESS 
FORM	990,	PART	Χ	 SECURED	MORTGAGES	AND	NOTES	PAYABLE

LENDER: RBC CENTURA BANK

ORIGINAL AMOUNT: 6,500,000.

DATE OF NOTE: 10/13/2004

PURPOSE OF LOAN: CONSTRUCTION OF NEW FACILITY

BEGINNING BALANCE DUE ..... 5,913,395. 5,249,647. ENDING BALANCE DUE .....

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 5,913,395.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 5,249,647.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF (C) REVENUES CONTRIBUTIONS REPORTED	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
		W	the cost about twen then they than they had been been	
FURNITURE, HOUSEHOLD ITEMS, GEN.SUPPORT	×	1,122	125,034,611.	FMV
TOTALS	1	1,122.	125,034,611.	

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STATEMENT

### SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545-0092

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust Employer identification number FOOD FOR THE POOR, INC. 59-2174510 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (Example: 100 shares 7% preferred of "Z" Co.) (mo., day, yr.) (mo., day, yr.) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b -5,810.Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, -5,810. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (see page 4 of the (f) Gain or (loss) for (a) Description of property (Example: 100 shares 7% preferred of "Z" Co.) (b) Date acquired (d) Sales price the entire year Subtract (e) from (d) (mo., day, yr.) (mo., day, yr.) instructions) 6a 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

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Schedule D (Form 1041) 2008

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	dule D (Form 1041) 2008				Page 2
Pa	rt III Summary of Parts I and II	man latin methia want	(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before co		(see page 5)	or trust's	
13 14	Net short-term gain or (loss)				-5,810.
	Total for year	14a			
h	Unrecaptured section 1250 gain (see line 18 of the	e wrksht.) 14b			
	28% rate gain				
15	Total not gain or (loss). Combine lines 13 and 14a	▶ 15			-5,810.
	e: If line 15 column (3), is a net gain, enter the gain on For art V. and do not complete Part IV. If line 15, column (3), is a				
Pa	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line	7			
a	The loss on line 15, column (3) or b \$3,000 e: If the loss on line 15, column (3), is more than \$3,000, or wover Worksheet on page 7 of the instructions to figure your			16 (	3,000.)
Carr	e: If the loss on line 15, column (3), is more than \$3,000, or rover Worksheet on page 7 of the instructions to figure your	or it Form 1041, page 1, iii capital loss carryover.	ne 22 (or Form 990-1, lir	ne 34), is a ioss, comp	lete the Capital Loss
	Tax Computation Using Maximum Capita				
For	n 1041 filers. Complete this part only if both lines 1	4a and 15 in column (	2) are gains, or an am	ount is entered in P	art I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 10				
	tion: Skip this part and complete the worksheet on p		if:		
	ither line 14b, col. (2) or line 14c, col. (2) is more thar oth Form 1041, line 2b(1), and Form 4952, line 4g a				
	n 990-T trusts. Complete this part only if both line		ns, or qualified divide	nds are included in	income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than er line 14b, col. (2) or line 14c, col. (2) is more than	zero. Skip this part and			
17	Enter taxable income from Form 1041, line 22 (or	Form 990-T. line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)	1 01111 000 7, 1820 017			
	but not less than zero	18			
19	Enter the estate's or trust's qualified dividends		77.7		
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)	19		İ	
20	Add lines 18 and 19	20			
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶	21			
22	Subtract line 21 from line 20. If zero or less, enter-	0	22		
23	Subtract line 22 from line 17. If zero or less, enter-	-0- , , , , , , , , , , , , , , , , , ,	23		
24	Enter the smaller of the amount on line 17 or \$2,2		24		
25	Is the amount on line 23 equal to or more than the				
	Yes. Skip lines 25 and 26; go to line 27 and 6				
00	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		•
27		the smaller of line 17 or line 22	27		
	1 es. Skip lines 27 into 30, go to line 31.	the smaller of line 17 of line 22	21		
28	Enter the amount from line 26 (If line 26 is blank, e	enter -0-)	28		
~ •	Enter the amount from the 20 (it this 20 to Saint, o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (.15)			30	
31	Figure the tax on the amount on line 23. Use the	2008 Tax Rate Schedu	lle for Estates and Tru	usts (see	
	the Schedule Ginstructions)			31	
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17. Use the	2008 Tax Rate Schedu	lle for Estates and Tru	ısts (see	
	the Schedule Ginstructions)			33	
34	Tax on all taxable income. Enter the smaller	of line 32 or line 3	33 here and on line	e 1a of	

Schedule D (Form 1041) 2008

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Schedule G, Form 1041 (or line 36 of Form 990-T)........

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

(Form 1041)
► See instructions for Schedule D (Form 1041).

OMB No. 1545-0092

2008

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

FOOD FOR THE POOR, INC. 59-2174510 Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the Instructions) (e) Cost or other basis (b) Date (c) Date sold (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the instructions) acquired (mo., day, yr.) (mo., day, yr.) 1a MARKETABLE SECURITIES -721,154. 726,964. SHORT-TERM SEE ATTACHED S VARIOUS VARIOUS -5,810.

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-5,810. Schedule D-1 (Form 1041) 2008

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . .