

# COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

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## **\*\*PUBLIC INSPECTION ONLY\*\***

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### NOTE

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

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

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

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

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

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

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

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

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

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

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

# 2013

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

### A For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Food For the Poor, Inc.		<b>D</b> Employer identification number 59-2174510
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 954-427-2222
	6401 Lyons Road		
City or town, state or province, country, and ZIP or foreign postal code Coconut Creek, FL 33073-3602		<b>G</b> Gross receipts \$ 1,031,498,662.	
<b>F</b> Name and address of principal officer: Robin G. Mahfood same as C above		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: <a href="http://www.foodforthepeople.org">www.foodforthepeople.org</a>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1982 <b>M</b> State of legal domicile: FL	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O for the brief description of the Organization's mission.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 10
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 405
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 95
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 32,500.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <23,025.>	

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	899,936,574.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,192.	73,491.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,611.	295,115.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	900,123,377.	1,029,796,991.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	827,570,023.	959,782,194.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,188,507.	23,052,151.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,673,924.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,343,485.	45,194,083.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	896,102,015.	1,028,028,428.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,021,362.	1,768,563.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 31,035,724.	<b>End of Year</b> 30,282,825.
	<b>21</b> Total liabilities (Part X, line 26)	8,819,928.	6,342,251.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	22,215,796.	23,940,574.

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date
	Robin G. Mahfood, President Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name David C. Moja	Preparer's signature <i>David C. Moja</i>	Date 5/21/14
	Firm's name ▶ Capin Crouse LLP	Firm's EIN ▶ 36-3990892	Check if self-employed <input type="checkbox"/> PTIN P00747006
	Firm's address ▶ 1255 Lakes Parkway, STE 130 Lawrenceville, GA 30043	Phone no. 678-518-5301	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

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

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

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

4a (Code: ) (Expenses \$ 689,412,244. including grants of \$ 689,412,244. ) (Revenue \$ ) Healthcare - Food For The Poor shipped over 596 trailer loads of medicines, medical supplies, and equipment that help maintain clinics, hospitals, and nutritional centers to provide much needed medical care to the poorest of the poor.

4b (Code: ) (Expenses \$ 155,142,806. including grants of \$ 154,787,438. ) (Revenue \$ ) Basic needs - Food For The Poor distributes aid to support the feeding, clothing, and sheltering of the poor. Over 50 million pounds of food including rice, beans, grain, canned food, and other assorted food, enough to feed millions of malnourished children and their families was distributed in 2013. We have built over 6,808 housing units for families in need of adequate shelter and since our inception in 1982, have constructed over 91,030 housing units for the poor.

4c (Code: ) (Expenses \$ 76,376,129. including grants of \$ 76,247,146. ) (Revenue \$ ) Community support & development - Food For The Poor has given the poor the opportunity to start income-generating animal husbandry projects and micro-enterprise businesses. From irrigation projects to fishing villages, fruit tree nurseries, aquaculture ponds and greenhouses, donors were able to provide fresh vegetables, fish and crops to communities. Donors also helped their poorest brothers and sisters by providing communities with water wells and skills training that offer the promise of hope for a better future.

4d Other program services (Describe in Schedule O.) (Expenses \$ 70,178,357. including grants of \$ 39,335,367. ) (Revenue \$ )

4e Total program service expenses 991,109,536.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for question number, description, sub-questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robin G. Mahfood Director, CEO, President	60.00	X		X				394,155.	0.	20,283.
(2) Bill Benson Co-Chairman	1.00	X						0.	0.	0.
(3) Grace Bonina Director	1.00	X						0.	0.	0.
(4) Most Rev Pierre-andre Dumas Director	1.00	X						0.	0.	0.
(5) The Rt Rev Leopold Frade Director	1.00	X						0.	0.	0.
(6) P.Todd Kennedy Chairman	1.00	X						0.	0.	0.
(7) Rhonda Maingot Director	1.00	X						0.	0.	0.
(8) Card Rodriguez Maradiaga Director	1.00	X						0.	0.	0.
(9) Very Rev Burchell McPherson Treasurer	1.00	X						0.	0.	0.
(10) Lynne G. Nasrallah Director	1.00	X						0.	0.	0.
(11) Very Rev Gregory Ramkissoon Director	1.00	X						0.	0.	0.
(12) Angel Aloma Executive Director	60.00			X				251,148.	0.	17,014.
(13) Alvaro J. Pereira Executive Vice President	40.00			X				221,160.	0.	16,103.
(14) David Price Secretary	40.00			X				68,000.	0.	0.
(15) Dennis A. North CFO	40.00				X			155,376.	0.	14,191.
(16) Jose A. Serra Int'l Partnership Director	40.00					X		180,777.	0.	15,285.
(17) Natalie F. Carlisle VP Major Gifts	40.00				X			165,426.	0.	14,493.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michael Anton Projects Director	40.00					X		135,729.	0.	23,438.
(19) Mark Khouri GIK Director	40.00					X		139,599.	0.	13,720.
(20) Frederick Khouri COO	40.00					X		133,992.	0.	14,772.
<b>1b Sub-total</b>								1,845,362.	0.	149,299.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,845,362.	0.	149,299.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 23

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid, 14384 Collection Center Dr, Chicago, IL 60693	TV Advertising & Promotion	3,161,816.
Dennis Charley & Associates, Inc. 1555 N Park Drive, Weston, FL 33326	Health insurance broker	111,891.

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 472,220.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 1,213,470.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 6,265,368.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,021,477,327.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	916,006,638.					
	<b>h Total.</b> Add lines 1a-1f		1,029,428,385.				
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		28,422.			28,422.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	75,000.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	59,434.				
		<b>c</b> Rental income or (loss)	15,566.				
	<b>d</b> Net rental income or (loss)		15,566.			15,566.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,242,640.				
		(ii) Other	104,691.				
		<b>b</b> Less: cost or other basis and sales expenses	1,229,722.	72,540.			
		<b>c</b> Gain or (loss)	12,918.	32,151.			
	<b>d</b> Net gain or (loss)		45,069.			45,069.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,213,470. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	156,504.				
		<b>b</b> Less: direct expenses	315,225.				
<b>c</b> Net income or (loss) from fundraising events			<158,721.>			<158,721.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	417,868.					
	<b>b</b> Less: direct expenses	24,750.					
	<b>c</b> Net income or (loss) from gaming activities		393,118.			393,118.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Advertising Revenue		541800	32,500.		32,500.		
	<b>b</b> Miscellaneous Revenue		900099	12,652.		12,652.	
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			45,152.				
<b>12 Total revenue.</b> See instructions.			1,029,796,991.	0.	32,500.	336,106.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	120,573.	120,573.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	959,661,621.	959,661,621.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,165,499.	244,634.	920,865.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	82,087.		82,087.	
<b>7</b> Other salaries and wages	16,986,315.	6,559,076.	3,080,610.	7,346,629.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	290,229.	110,272.	57,691.	122,266.
<b>9</b> Other employee benefits	3,154,688.	1,142,846.	589,349.	1,422,493.
<b>10</b> Payroll taxes	1,373,333.	503,032.	290,203.	580,098.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	8,500.	8,500.		
<b>b</b> Legal	11,313.		11,313.	
<b>c</b> Accounting	59,050.		59,050.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	508,733.	127.	508,187.	419.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	11,893,082.	134,834.	21,961.	11,736,287.
<b>13</b> Office expenses	8,093,539.	339,595.	306,306.	7,447,638.
<b>14</b> Information technology	326,770.	32,624.	202,028.	92,118.
<b>15</b> Royalties				
<b>16</b> Occupancy	438,747.	189,623.	145,646.	103,478.
<b>17</b> Travel	2,567,572.	1,799,001.	112,317.	656,254.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	55,561.	24,322.	12,412.	18,827.
<b>20</b> Interest	66,460.	12,575.	48,384.	5,501.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	528,473.	133,516.	336,544.	58,413.
<b>23</b> Insurance	193,218.	510.	191,760.	948.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Freight	19,455,060.	19,389,648.	7,041.	58,371.
<b>b</b> Miscellaneous	851,779.	702,607.	124,988.	24,184.
<b>c</b> Uncollectible pledges	136,226.		136,226.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,028,028,428.	991,109,536.	7,244,968.	29,673,924.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	11,995,830.	6,510,167.	992,565.	4,493,098.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,287,706.	<b>1</b>	12,655,909.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,094,229.	<b>3</b>	741,033.
	<b>4</b> Accounts receivable, net .....	129,000.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	170,323.	<b>7</b>	115,403.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	386,274.	<b>9</b>	697,572.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,289,968.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,945,650.	15,744,919.	<b>10c</b> 15,344,318.
	<b>11</b> Investments - publicly traded securities .....	103,045.	<b>11</b>	233,022.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,120,228.	<b>15</b>	495,568.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	31,035,724.	<b>16</b>	30,282,825.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,466,638.	<b>17</b>	4,713,050.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,353,290.	<b>23</b>	1,629,201.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,819,928.	<b>26</b>	6,342,251.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	21,095,515.	<b>27</b>	23,187,568.
	<b>28</b> Temporarily restricted net assets .....	1,120,281.	<b>28</b>	753,006.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	22,215,796.	<b>33</b>	23,940,574.	
<b>34</b> Total liabilities and net assets/fund balances .....	31,035,724.	<b>34</b>	30,282,825.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,029,796,991.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,028,028,428.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,768,563.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,215,796.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<43,785.>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	23,940,574.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <p style="text-align: center;">Food For the Poor, Inc.</p>	Employer identification number <p style="text-align: center;">59-2174510</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1086334279.	1046978905.	938,218,153.	899,936,574.	1029428385.	5000896296.
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 <b>Total.</b> Add lines 1 through 3 .....	1086334279.	1046978905.	938,218,153.	899,936,574.	1029428385.	5000896296.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						5000896296.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	1086334279.	1046978905.	938,218,153.	899,936,574.	1029428385.	5000896296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	110,366.	139,150.	100,039.	111,045.	103,422.	564,022.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	2,900.	8,000.	28,500.	31,000.	32,500.	102,900.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....				428,978.	574,372.	1,003,350.
11 <b>Total support.</b> Add lines 7 through 10						5002566568.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	99.97	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	99.99	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**  
**its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Name of the organization**

Food For the Poor, Inc.

**Employer identification number**

59-2174510

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 273,769,056.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 183,829,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 79,814,847.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 74,650,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 59,265,264.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 45,217,211.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Food For the Poor, Inc.	Employer identification number  59-2174510
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 27,228,022.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 24,182,469.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 22,752,724.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Books, clothing, personal care & hygiene items, pharmaceuticals, medical supplies, medical furniture	\$ 273,769,056.	12/31/13
2	Textbooks, clothing, furniture, household items, medical equip., medical furniture, medical supplies	\$ 183,678,448.	12/31/13
3	Appliances, building materials, books, clothing, food, footwear, furniture, household items, medical	\$ 79,814,847.	12/31/13
4	Building materials and supplies, clothing, fabric, food, footwear, furniture, household items	\$ 74,566,098.	12/31/13
5	Food, medical supplies, medicines, persona care items and pharmaceuticals	\$ 59,265,264.	12/31/13
6	Medical supplies and equipment, medicines, pharmaceuticals, personal care & hygiene items and sewing	\$ 45,217,211.	12/31/13

Name of organization  Food For the Poor, Inc.	Employer identification number  59-2174510
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	Medical supplies and equipment, medicines and pharmaceuticals	\$ 27,228,022.	12/31/13
8	Appliance, building materials, books, clothing, educational materials, dormitory furniture	\$ 24,182,469.	12/31/13
9	Building materials, clothing, nutritional drinks and supplements, footwear, furniture, household	\$ 22,752,724.	12/31/13
		\$	
		\$	
		\$	
		\$	

Name of organization  Food For the Poor, Inc.	Employer identification number  59-2174510
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**

Food For the Poor, Inc.

**Employer identification number**

59-2174510

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year .....		
<b>2</b> Aggregate contributions to (during year) .....		
<b>3</b> Aggregate grants from (during year) .....		
<b>4</b> Aggregate value at end of year .....		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

**(i)** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

**a** Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,140,388.		6,140,388.
b Buildings		9,871,209.	1,602,532.	8,268,677.
c Leasehold improvements				
d Equipment		2,957,154.	2,495,487.	461,667.
e Other		1,321,217.	847,631.	473,586.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,344,318.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,030,152,615.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<43,785.>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<43,785.>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,030,196,400.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<399,409.>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<399,409.>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,029,796,991.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,028,427,837.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	399,409.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	399,409.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,028,028,428.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,028,028,428.

**Part XIII Supplemental Information.**

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

Part X, Line 2:

Explanation: The Organization is a not-for-profit organization and a

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

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

unrelated business income is taxable. The Organization had no unrelated

business income tax during the year ended December 31, 2013.

GAAP requires management to evaluate tax positions taken and recognize a

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

position that more likely than not would not be sustainable upon

examination by taxing authorities. Management has analyzed the tax

positions taken and has concluded that as of December 31, 2013, there are

**Part XIII** Supplemental Information (continued)

no uncertain tax positions taken or expected to be taken that would  
 require recognition of a liability (or asset) or disclosure in the  
 financial statements. If the Organization were to incur an income tax  
 liability in the future, interest and penalties would be reported as  
 income taxes. The Organization is subject to routine audits by taxing  
 jurisdictions; however, there are currently no audits for any tax periods  
 in progress. Management believes the Organization is no longer subject to  
 income tax examinations for the years prior to 2010.

Part XI, Line 4b - Other Adjustments:

Fundraising event expense	-315,225.
Gaming expense	-24,750.
Rental expense	-59,434.
Total to Schedule D, Part XI, Line 4b	-399,409.

Part XII, Line 2d - Other Adjustments:

Fundraisng event expense	315,225.
Gaming expense	24,750.
Rental expense	59,434.
Total to Schedule D, Part XII, Line 2d	399,409.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  Food For the Poor, Inc.	Employer identification number  59-2174510
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Program Services	Educational programs, food, clothing, shelter, healthcare, community support and development	884,308,546.
Central America and the Caribbean	0	0	Grantmaking		26,266,587.
East Asia and the Pacific	0	0	Program Services	Educational programs, food, clothing, shelter, healthcare, community support and development	13,086.
North America	0	0	Program Services	Educational programs, food, clothing, shelter, healthcare, community support and development	6,226,666.
South America	0	0	Program Services	Educational programs, food, clothing, shelter, healthcare, community support and development	42,778,669.
Sub-Saharan Africa	0	0	Program Services	Educational programs, food, clothing, shelter, healthcare, community support and development	2,299.
<b>3 a</b> Sub-total .....	0	0			959,595,853.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			959,595,853.

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

Schedule F (Form 990) 2013

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		6,598.	Recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		2,505,043.	Clothing, footwear, household, food, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		269,358,521.	Medical supplies & equipment, personal hygiene, household,	FMV
		Central America and the Caribbean	Charitable Aid	10,000.	Check or Wire Transfer	0.	Community supplies & development	
		Central America and the Caribbean	Charitable Aid	0.		35,729.	Religious supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,503.	School supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,978.	Household, supplies	FMV
		Central America and the Caribbean	Charitable Aid	4,225,151.	Check or Wire Transfer	56,530,862.	Medical supplies & furniture, clothing, household,	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 182

3 Enter total number of other organizations or entities .....

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		1,710,666.	Personal hygiene, clothing, household, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	28,021.	Check or Wire Transfer	0.	Community support & development	
		Central America and the Caribbean	Charitable Aid	0.		72,769.	Music supplies, building, computers, garden supplies, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,383,556.	Personal hygiene, building, vehicle, community support	FMV
		Central America and the Caribbean	Charitable Aid	2,493,704.	Check or Wire Transfer	207.	Community support & development, educational programs, food,	FMV
		South America	Charitable Aid	0.		1,345,807.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		36,989.	Footwear	FMV
		South America	Charitable Aid	0.		355,602.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	616,905.	Check or Wire Transfer	440.	Educational programs, food, clothing & shelter, housing,	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	36,000.	Check or Wire Transfer	337.	Electronics, household, tools, community support & development	FMV
		Central America and the Caribbean	Charitable Aid	0.		14,128.	Medical equipment, vocational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,539.	Supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		370,705.	Household, furniture, supplies, building, school	FMV
		Central America and the Caribbean	Charitable Aid	0.		4,101,152.	Clothing, footwear, household, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		22,930.	Computers, garden supplies, books, clothing, electronics,	FMV
		South America	Charitable Aid	0.		1,233,534.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		233,089.	Medical supplies and OTC medication	FMV
		Central America and the Caribbean	Charitable Aid	46,075.	Check or Wire Transfer	0.	Community support & development	



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		111,057.	Medical supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		634,915.	Furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		1,992,421.	Personal hygiene, clothing, footwear, school furniture,	FMV
		Central America and the Caribbean	Charitable Aid	397,874.	Check or Wire Transfer	80,454,033.	Music supplies, clothing, recreational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		14,841.	Solar equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,060.	Music supplies, religious supplies, books, clothing	FMV
		Central America and the Caribbean	Charitable Aid	0.		13,991.	Generator	FMV
		Central America and the Caribbean	Charitable Aid	0.		142,376.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		48,733.	Special container	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		49,760,806.	Household, clothing, furniture, recreational	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,384.	Recreational supplies, clothing, electronics,	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,128.	Personal hygiene	FMV
		Central America and the Caribbean	Charitable Aid	0.		18,237.	Music supplies, agricultural supplies, footwear, project	FMV
		Central America and the Caribbean	Charitable Aid	0.		605,716.	Furniture, generator, religious supplies,	FMV
		Central America and the Caribbean	Charitable Aid	14,073.	Check or Wire Transfer	656,743.	Medical supplies, computers, pharmaceuticals, food, supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		27,634.	Music supplies, computer supplies, religious	FMV
		Central America and the Caribbean	Charitable Aid	0.		853,353.	Personal hygiene, household, furniture, recreational	FMV
		Central America and the Caribbean	Charitable Aid	9,087.	Check or Wire Transfer	0.	Community support & development	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	17,186.		10,621.	Vehicle, supplies, community support & development,	FMV
		Central America and the Caribbean	Charitable Aid	0.	Check or Wire Transfer	212,976.	Household, personal hygiene, building, food, OTC medication,	FMV
		Central America and the Caribbean	Charitable Aid	0.		244,313.	Personal hygiene, footwear, food, household	FMV
		Central America and the Caribbean	Charitable Aid	551,193.	Check or Wire Transfer	0.	Educational programs, food, clothing & shelter	
		Central America and the Caribbean	Charitable Aid	0.		6,478.	Educational supplies	FMV
		Central America and the Caribbean	Charitable Aid	30,000.		0.	Medical aid	
		Central America and the Caribbean	Charitable Aid	0.		233,451.	Books	FMV
		Central America and the Caribbean	Charitable Aid	148,156.	Check or Wire Transfer	1,470,028.	Footwear, school furniture, household, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		24,971,737.	Medical supplies, personal hygiene, medical furniture,	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		89,577,339.	Medical supplies, OTC medicine, personal hygiene, footwear, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,697.	Trailer, recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,907.	Food	FMV
		North America	Charitable Aid	0.		6,226,666.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		3,451,042.	Food, personal hygiene, clothing, footwear, medical	FMV
		Central America and the Caribbean	Charitable Aid	285,933.	Check or Wire Transfer	8,829.	Warehouse equipment, community support & development	FMV
		Central America and the Caribbean	Charitable Aid	29,666.	Check or Wire Transfer	0.	Community support & development	
		South America	Charitable Aid	760,623.		31,685,669.	Food, medical supplies, household, clothing, medical	FMV
		South America	Charitable Aid	0.		95,103.	Furniture, school supplies, footwear	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	10,380,669.	Check or Wire Transfer	36,752,778.	Books, household, supplies, solar supplies, tools, electronics,	FMV
		Central America and the Caribbean	Charitable Aid	4,399,944.	Check or Wire Transfer	86,860,464.	Furniture, vocational supplies, food, clothing,	FMV
		Central America and the Caribbean	Charitable Aid	0.		105,877.	Supplies, recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		39,888.	School furniture	FMV
		Central America and the Caribbean	Charitable Aid	10,000.	Check or Wire Transfer	0.	Community supplies & development	
		Central America and the Caribbean	Charitable Aid	0.		47,234.	Medical furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,919.	Household	FMV
		Central America and the Caribbean	Charitable Aid	0.		50,372.	Clothing, supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		77,557,362.	Medical supplies, household, books, footwear, personal hygiene,	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	519,341.	Check or Wire Transfer	45,985,398.	Household, recreational supplies, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	0.		2,565,140.	Footwear, household, medical supplies, food,	FMV
		Central America and the Caribbean	Charitable Aid	0.		2,472,390.	Footwear, medical equipment & supplies, pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,681.	Household	FMV
		Central America and the Caribbean	Charitable Aid	0.		10,689.	Food	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,116.	Medical supplies & equipment.	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,746.	Medical equipment, school furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		23,690.	Supplies, appliances	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,997.	Medical equipment	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		15,403.	Generator	FMV
		Central America and the Caribbean	Charitable Aid	0.		12,227.	Music supplies, books, clothing, computers, recreational	FMV
		Central America and the Caribbean	Charitable Aid	0.		107,811.	Books, medical equipment, electronics, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	0.		230,980.	Computer supplies, building	FMV
		Central America and the Caribbean	Charitable Aid	0.		38,673.	OTC medicine, medical furniture, appliances,	FMV
		Central America and the Caribbean	Charitable Aid	0.		310,077.	Recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		495,365.	Pharmaceutical	FMV
		Central America and the Caribbean	Charitable Aid	0.		124,579.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		774,410.	Pharmaceutical	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		3,553,357.	Building, warehouse equipment, solar equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		19,797.	Appliances, supplies, vocational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		137,601.	Pharmaceuticals	FMV
		South America	Charitable Aid	0.		3,807,724.	Pharmaceuticals, medical equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		124,579.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	10,000.	Check or Wire Transfer	0.	Community supplies & development	
		Central America and the Caribbean	Charitable Aid	0.		17,464.	Appliances	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,449.	Furniture, household	FMV
		Central America and the Caribbean	Charitable Aid	0.		68,480.	Medical equipment, household,	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		41,682.	Medical supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		381,439.	Furniture, building, medical furniture, music supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		33,024.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		140,325.	Medical supplies, medical equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,113.	Building	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,328.	Appliances, household	FMV
		Central America and the Caribbean	Charitable Aid	0.		30,608.	Appliances, clothing, personal hygiene, educational	FMV
		Central America and the Caribbean	Charitable Aid	0.		44,753.	Food, building, household	FMV
		Central America and the Caribbean	Charitable Aid	0.		71,613.	Medical equipment	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		35,411.	Furniture, computers	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,484.	Food, clothing, electronics	FMV
		Central America and the Caribbean	Charitable Aid	0.		10,954.	Furniture, recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	26,424.	Check or Wire Transfer	3,180,640.	Clothing, supplies, household, footwear, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,128.	Medical furniture, clothing, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,198.	Generator	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,473.	Furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		24,993.	Office equipment	FMV
		South America	Charitable Aid	0.		4,251,474.	Pharmaceuticals, medical equipment	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		643,988.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		51,189.	OTC medicine	FMV
		Central America and the Caribbean	Charitable Aid	0.		431,437.	Electronics, appliances, solar equipment, building,	FMV
		Central America and the Caribbean	Charitable Aid	0.		29,236.	Building, furniture	FMV
		East Asia and the Pacific	Charitable Aid	0.		13,086.	Building, furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		19,444.	Food, personal hygiene	FMV
		Central America and the Caribbean	Charitable Aid	0.		6,894.	Electronics, computers	FMV
		Central America and the Caribbean	Charitable Aid	0.		346,194.	Recreational supplies, medical equipment & furniture,	FMV
		Central America and the Caribbean	Charitable Aid	159,119.	Check or Wire Transfer	0.	Food, clothing & shelter	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		9,857.	Generator	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,020.	Computer supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		20,418.	Furniture, appliances	FMV
		Central America and the Caribbean	Charitable Aid	10,000.	Check or Wire Transfer	0.	Community support & development	
		Central America and the Caribbean	Charitable Aid	5,250.	Check or Wire Transfer	0.	Community support & development	
		Central America and the Caribbean	Charitable Aid	0.		133,509.	Medical supplies, OTC medicine	FMV
		Central America and the Caribbean	Charitable Aid	383,949.	Check or Wire Transfer	3,343,152.	Household, supplies, personal hygiene, OTC medicine,	FMV
		Central America and the Caribbean	Charitable Aid	0.		96,461.	Medical furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		4,301,661.	Medical supplies, clothing, recreational supplies, medical	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		49,271.	Building, recreational supplies, tools	FMV
		Central America and the Caribbean	Charitable Aid	100,000.	Check or Wire Transfer	0.	Educational programs	
		Central America and the Caribbean	Charitable Aid	0.		5,061.	Food	FMV
		Central America and the Caribbean	Charitable Aid	0.		13,991.	Generator	FMV
		Central America and the Caribbean	Charitable Aid	0.		34,423.	School furniture, furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		17,672.	Solar equipment, tools, recreational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		152,098.	Furniture, religious supplies, appliances,	FMV
		Central America and the Caribbean	Charitable Aid	6,330.	Check or Wire Transfer	0.	Community support & development	
		Central America and the Caribbean	Charitable Aid	10,400.	Check or Wire Transfer	3,531,716.	Food, medical supplies, household, clothing, medical	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		11,000.	Community support & development, educational programs	FMV
		Central America and the Caribbean	Charitable Aid	0.		318,825.	Medical supplies & equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		22,803.	Household, appliances, clothing, electronics,	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,625.	Household	FMV
		Central America and the Caribbean	Charitable Aid	0.		6,432.	Religious supplies, building	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,645.	Supplies, agricultural supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		3,305,555.	Pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,198.	Food	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,261.	Music supplies	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		17,815.	Food	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,989.	Electronics, books, furniture, clothing, educational	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,436.	Food, medical supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		6,978.	Clothing, household, vocational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,592.	Supplies, recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,330.	Personal hygiene, books, clothing, music supplies, recreational	FMV
		Central America and the Caribbean	Charitable Aid	0.		10,602.	Vehicle, clothing	FMV
		Central America and the Caribbean	Charitable Aid	0.		644,972.	Medical equipment, educational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,096.	Generator	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		9,501.	Solar equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		28,826.	Appliances, household, supplies, books, building,	FMV
		Central America and the Caribbean	Charitable Aid	0.		256,982.	Household, furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		24,193.	Music supplies, computers, electronics, garden supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		80,844.	Furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,869.	Music supplies, religious supplies, clothing,	FMV
		Central America and the Caribbean	Charitable Aid	0.		64,846.	Appliances, household, religious supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		6,326.	Music supplies, appliance, trailer, furniture	FMV
		Central America and the Caribbean	Charitable Aid	0.		52,664.	Furniture, food, clothing, medical supplies, pharmaceutical	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		17,732.	Religious	FMV
		Central America and the Caribbean	Charitable Aid	0.		34,559.	Clothing, building, supplies, medical supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		16,485.	Personal hygiene, supplies, books, clothing, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,767.	Books, supplies, recreational supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		288,123.	Personal hygiene	FMV
		Central America and the Caribbean	Charitable Aid	39,218.	Check or Wire Transfer	0.	Community support & development	
		Central America and the Caribbean	Charitable Aid	862,540.	Check or Wire Transfer	0.	Food, clothing & shelter	
		Central America and the Caribbean	Charitable Aid	0.		6,790.	School furniture, clothing	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,674.	Books, medical equipment, generator, footwear	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		1,008,614.	Pharmaceuticals, medical supplies & equipment	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,692.	Household, clothing, personal hygiene, office equipment,	FMV
		Central America and the Caribbean	Charitable Aid	255,505.	Check or Wire Transfer	0.	Community support & development	

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Part I, Line 2:

Explanation: Feedback reports are received detailing how goods and grants are used in the field. Email, phone calls, and other correspondence are made to communicate feedback as well.

Part II, Column (h):

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, footwear, household, food, medical furniture, medical supplies and equipment, OTC medication, personal hygiene, recreation items, furniture, supplies, religious, books, computers, electronics, appliances, vehicles, building

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies & equipment, personal hygiene, household, building, clothing, footwear, furniture, school furniture, food, medical furniture, OTC medicine, recreational supplies, agricultural supplies, music supplies, appliances, vehicle, religious supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies & furniture, clothing, household, personal hygiene, books, building, footwear, supplies, school furniture, food, educational materials, electronics, medical equipment, vehicle, pharmaceutical, agricultural supplies, community support & development, educational programs, food clothing & shelter, water, housing & sanitation units

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, clothing,  
household, furniture, medical supplies, food, books, electronics,  
footwear, recreational supplies, medical equipment, appliances, school  
furniture,

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Music supplies, building,  
computers, garden supplies, medical equipment, religious supplies,  
vehicles, recreational supplies, community support & development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, building,  
vehicle, community support & development, medical supplies, footwear,  
clothing, household, recreational supplies, agricultural supplies,  
medical equipment, medical furniture, food, pharmaceutical

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Community support & development,  
educational programs, food, clothing & shelter, healthcare programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Educational programs, food,  
clothing & shelter, housing, sanitation & water units, vocational  
supplies

Region: Central America and the Caribbean

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

building, school furniture, tools, vehicle, parts, computers

Region: Central America and the Caribbean

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

medical supplies, OTC medicine, personal hygiene, recreational supplies,

agricultural supplies, building, food, furniture, religious supplies,

medical furniture, books, supplies, community support, music supplies,

appliances, vocational supplies, school furniture

Region: Central America and the Caribbean

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

books, clothing, electronics, supplies, community support & development,

healthcare programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, clothing,

footwear, school furniture, medical supplies, medical equipment, OTC

medicine, recreational supplies, food, furniture, household, books,

agricultural supplies, computers

Region: Central America and the Caribbean

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

recreational supplies, supplies, food, medical supplies, personal

hygiene, OTC medicine, books, footwear, household, medical equipment,

furniture, medical furniture, school furniture, building, warehouse

equipment, freight, vehicle, computers, pharmaceuticals, agricultural

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

supplies, appliances, projects, electronics, vocational supplies,

community support & development, educational programs, shelter,

healthcare programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household, clothing, furniture,

recreational supplies, school furniture, supplies, vocational supplies,

medical supplies, OTC medicine, personal hygiene, footwear, medical

equipment, music supplies, medical furniture, food, furniture,

appliances, pharmaceutical, computers, project supplies, books, solar

supplies

Region: Central America and the Caribbean

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

electronics, community support & development

Region: Central America and the Caribbean

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

supplies, footwear, project supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Furniture, generator, religious

supplies, appliances

Region: Central America and the Caribbean

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

pharmaceuticals, food, supplies, household, tools, community supplies &



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

development

Region: Central America and the Caribbean

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

supplies, religious supplies, clothing, vocational supplies, medical

supplies, food, household, electronics

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, household,

furniture, recreational supplies, garden supplies, religious supplies,

clothing, vocational supplies, food, household, computers, office

equipment, school furniture, community support & development

Region: Central America and the Caribbean

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

support & development, educational programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household, personal hygiene,

building, food, OTC medication, recreation items

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Footwear, school furniture,

household, medical supplies, personal hygiene, food, furniture, music

supplies, agricultural supplies, appliances, electronics, trailer,

vehicles, computer supplies, clothing, supplies, recreational supplies,

community support & development, educational programs, healthcare

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

programs

Region: Central America and the Caribbean

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

hygiene, medical furniture, medical equipment, household, pharmaceuticals

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, OTC medicine,

personal hygiene, footwear, medical equipment, music supplies, medical

furniture, food, furniture, appliances, pharmaceutical, computers

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, personal hygiene,

clothing, footwear, medical equipment & supplies, furniture, household,

books, computers, agricultural supplies, vocational supplies, appliances

Region: South America

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

household, clothing, medical equipment, personal hygiene, furniture,

school furniture, OTC medicine, building, footwear, recreational

supplies, appliances, vocational supplies, music equipment, community

supplies & development, agricultural supplies

Region: Central America and the Caribbean

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

solar supplies, tools, electronics, food, medical supplies, OTC medicine,

building, clothing, footwear, school furniture, furniture, medical

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

equipment, personal hygiene, recreational supplies, agricultural

supplies, computer supplies, educational materials, music supplies,

school furniture, food, vocational supplies, supplies, solar supplies,

pharmaceuticals, electronics, footwear, vehicle parts, solar equipment,

appliances, tools, healthcare programs, community support & development,

educational programs, shelter, sanitation, water & housing units, clinic,

office equipment, parts, religious supplies

Region: Central America and the Caribbean

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

food, clothing, household, electronics, supplies, medical supplies &

furniture, medical equipment, personal hygiene, building, footwear,

school furniture, OTC medicine, appliances, furniture, computer supplies,

educational supplies, music supplies, pharmaceuticals, trailers,

vehicles, religious supplies, food, clothing & shelter, educational

programs, community support & development, healthcare programs

Region: Central America and the Caribbean

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

books, footwear, personal hygiene, building, clothing, school furniture,

medical equipment, OTC medicine, furniture, food, pharmaceuticals,

computers,

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household, recreational

supplies, furniture, supplies, books, medical supplies, personal hygiene,

OTC medicine, building, clothing, footwear, school furniture, music

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

supplies, agricultural supplies, books, medical equipment, food, computer

supplies, medical furniture, educational materials, warehouse equipment,

electronics, office equipment, vocational, clothing, computers,

recreational supplies, community support & development, educational

programs, shelter, housing, sanitation & water units

Region: Central America and the Caribbean

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

supplies, food, pharmaceuticals, OTC medicine

Region: Central America and the Caribbean

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

computers, recreational supplies, office equipment, appliances, religious

supplies, medical supplies & equipment, footwear

Region: Central America and the Caribbean

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

electronics, furniture, recreational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: OTC medicine, medical furniture,

appliances, household, clothing, medical equipment, personal hygiene,

music equipment, medical supplies,

Region: Central America and the Caribbean

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

supplies, electronics, building, furniture, religious supplies, clothing,

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

recreational supplies

Region: Central America and the Caribbean

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

furniture, music supplies, appliances

Region: Central America and the Caribbean

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

hygiene, educational materials, vocational supplies, community support &

development

Region: Central America and the Caribbean

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

footwear, medical supplies, music supplies, recreational supplies,

personal hygiene, food, furniture, building, agricultural supplies,

school furniture, community support & development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical furniture, clothing,

furniture, medical equipment

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Electronics, appliances, solar

equipment, building, clothing, personal hygiene, religious supplies,

medical equipment, foot wear, agricultural supplies, religious supplies,

food, music, vehicle parts, community support & development

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Region: Central America and the Caribbean

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

equipment & furniture, pharmaceuticals, supplies, personal hygiene,

clothing

Region: Central America and the Caribbean

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

hygiene, OTC medicine, footwear, clothing, school furniture, furniture,

educational materials, music supplies, agricultural supplies, building,

computers, food, appliances, solar equipment, community support &

development, shelter

Region: Central America and the Caribbean

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

recreational supplies, medical equipment, food, pharmaceutical

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Solar equipment, tools,

recreational supplies, clothing, electronics

Region: Central America and the Caribbean

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

appliances, garden supplies, tools, personal hygiene

Region: Central America and the Caribbean

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

household, clothing, medical equipment, personal hygiene, furniture,

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

school furniture, OTC medicine, building, footwear, recreational

supplies, appliances, vocational supplies, music equipment, community

supplies & development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household, appliances, clothing,

electronics, furniture, music supplies, religious supplies, garden

supplies, trailer

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Electronics, books, furniture,

clothing, educational supplies, recreational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, household, vocational

supplies, recreational supplies, religious supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, books,

clothing, music supplies, recreational supplies, community support &

development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical equipment, educational

supplies, religious supplies, building, books, generator

Region: Central America and the Caribbean

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(h) Description of Non-cash Assistance: Appliances, household, supplies,  
books, building, vocational supplies, food, school furniture, clothing,  
recreational supplies, electronics, tools, footwear

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Music supplies, computers,  
electronics, garden supplies, household, tools

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Music supplies, religious  
supplies, clothing, building, household, furniture, supplies, vocational  
supplies, recreational supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Appliances, household, religious  
supplies, trailer, personal hygiene, office supplies, books, clothing,  
solar equipment

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, supplies,  
books, clothing, medical supplies, recreational supplies, community  
support & development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household, clothing, personal  
hygiene, office equipment, supplies, educational materials



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** ▶

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala - Boca Raton (event type)	Gala - Rockford (event type)	11 (total number)	
Revenue	<b>1</b> Gross receipts .....	300,513.	258,436.	811,025.	1,369,974.
	<b>2</b> Less: Contributions .....	227,181.	241,536.	744,753.	1,213,470.
	<b>3</b> Gross income (line 1 minus line 2) .....	73,332.	16,900.	66,272.	156,504.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	128,576.	26,119.	160,530.	315,225.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				315,225.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<158,721.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			417,868.
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....			24,750.	24,750.
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				24,750.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				393,118.	

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

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

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

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

**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Address ▶ 6401 Lyons Road - Coconut Creek, FL 33073-3602

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information with 20 horizontal lines.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
St. Francis of Assisi Catholic Church - 861 Wildwood Lane - Grapevine, TX 76051	75-1686441	501 (c) 3	0.	10,000.	Fair Market Value	Motor vehicle assistance	Charitable Aid
Our Little Roses 525 NE 15th Street, Suite 100 Miami, FL 33132	54-1663713	501 (c) 3	24,000.	0.			Charitable Aid
The Palm Beach County Food Bank 525 Gator Drive Latana, FL 33462	90-0788707	501 (c) 3	0.	7,288.	Fair Market Value	Organic Milk	Charitable Aid

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

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

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

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

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Explanation: Feedback reports are received detailing how goods and grants are used in the field. Email, phone calls, and other correspondence are made to communicate feedback as well.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization <p style="text-align: center;">Food For the Poor, Inc.</p>	Employer identification number <p style="text-align: center;">59-2174510</p>
--	---

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>		X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>											
<b>5</b> 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:											
<b>a</b> The organization? .....	<b>5a</b>		X								
<b>b</b> Any related organization? .....	<b>5b</b>		X								
If "Yes" to line 5a or 5b, describe in Part III.											
<b>6</b> 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:											
<b>a</b> The organization? .....	<b>6a</b>		X								
<b>b</b> Any related organization? .....	<b>6b</b>		X								
If "Yes" to line 6a or 6b, describe in Part III.											
<b>7</b> 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 .....	<b>7</b>		X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>		X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Robin G. Mahfood Director, CEO, President	(i)	387,180.	1,200.	5,775.	0.	22,444.	416,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Angel Aloma Executive Director	(i)	249,948.	1,200.	0.	7,500.	11,589.	270,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Alvaro J. Pereira Executive Vice President	(i)	219,960.	1,200.	0.	6,600.	11,548.	239,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Dennis A. North CFO	(i)	154,176.	1,200.	0.	4,628.	11,349.	171,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jose A. Serra Int'l Partnership Director	(i)	179,577.	1,200.	0.	5,400.	11,931.	198,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Natalie F. Carlisle VP Major Gifts	(i)	164,226.	1,200.	0.	4,928.	11,340.	181,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Michael Anton Projects Director	(i)	134,529.	1,200.	0.	4,325.	20,668.	160,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Mark Khouri GIK Director	(i)	138,399.	1,200.	0.	4,155.	11,059.	154,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Frederick Khouri COO	(i)	132,792.	1,200.	0.	4,022.	12,252.	150,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Blank lined area for supplemental information.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kim M Williams	Family Relationship	82,087.	Compensatio		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Kim M Williams

(d) Description of Transaction: Compensation and benefits

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		13,332,894.	Fair Value
5 Clothing and household goods	X		239,228,581.	Fair Value
6 Cars and other vehicles	X	3	65,455.	Fair Value
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	614	127,922.	Fair Value
19 Food inventory	X	263	22,033,211.	Fair Value
20 Drugs and medical supplies	X	692	607,895,129.	Fair Value - See Sch O
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Educational )	X	254	14,238,582.	Fair Value
26 Other ▶ ( General Suppo )	X	175	8,690,224.	Fair Value
27 Other ▶ ( Building Mate )	X	88	5,753,336.	Fair Value
28 Other ▶ ( Agriculture )	X	27	4,641,304.	Fair Value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 2

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

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

Schedule M, Part I, Column (b):

Explanation: The number of contributors represents the number of shipments received.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

Form 990, Part I, Line 1:

Explanation: To provide aid as to improve the health, economic, social,  
and spiritual conditions of the poor throughout the world.

Form 990, Part III, Line 1:

Explanation: Our mission is to link the church of the first world with  
the church of the third world in a manner that helps both the  
materially poor and the poor in spirit. The materially poor are served  
by local churches, clergy, and lay leaders who have been empowered and  
supplied with goods by Food For The Poor. The poor in spirit are  
renewed by their relationship with and service to the poor through our  
direct ministry of teaching, encouragement, and prayer. Ultimately, we  
seek to bring both benefactors and recipients to a closer union with  
our Lord.

Form 990, Part III, Line 4d, Other Program Services:

Education

Expenses \$ 39,138,064. including grants of \$ 32,677,614. Revenue \$ 0.

Intra-program costs

Expenses \$ 11,747,494. including grants of \$ 6,657,753. Revenue \$ 0.

Freight and other costs

Expenses \$ 19,292,799. including grants of \$ 0. Revenue \$ 0.

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

Form 990, Part VI, Section B, line 11:

Explanation: Form 990 is prepared by an independent CPA firm and an initial draft of the Form 990 is reviewed by the President, CFO, and Controller for accuracy before the return is filed. The approved draft of the Form 990 is sent to the Audit Committee for review and approval.

Form 990, Part VI, Section B, Line 12c:

Explanation: The tax-exempt organization monitors and enforces compliance with the conflict of interest policy through annual related party confirmations signed by members of the board and by key employees.

Form 990, Part VI, Section B, Line 15a:

Explanation: An independent subcommittee of the board reviews comparability data and makes recommendations to the full board for approval of the President's compensation package. The President makes recommendations to the board regarding compensation of other key employees as part of the annual budgetary process. Deliberation regarding these decisions are recorded in the Board minutes.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

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

Form 990, Part VI, Section C, Line 19:

Explanation: The tax-exempt organization makes its governing documents and conflict of interest policy available to the public upon request. The annual report contains a brief summary of the financial statements and the

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

complete financial statements are made available upon request and on the  
Organization's website.

Form 990, Part XII, Line 2c

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

Schedule M, Line 20:

Explanation: Pharmaceutical GIK contributions received are valued using  
costing data acquired from recognized and published resources and are  
valued at their estimated wholesale acquisition cost ("WAC") on a drug  
by drug basis. If WAC is not available, the Organization discounts the  
drug's adjusted wholesale price ("AWP") to approximate the WAC. This  
valuation policy most resembles one used by a wholesale distributor of  
goods, which is the market role the Organization has in the acquisition  
and shipment of pharmaceutical donations. Pharmaceutical GIK  
contributions acquired from non-U.S. donors for products legally  
permissible to be sold outside the United States are valued based upon  
the wholesale market price in the countries representing the principal  
exit markets for those products.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Food For the Poor, Inc.

Employer identification number

59-2174510

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Food for the Poor Canada 164 Melrose Ave. Toronto, Ontario, CANADA M5M 1Y7	Furtherance of Food for the Poor's mission in Canada	Canada	501(c)(3)	Line 7	Food for the Poor, Inc.		X

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Part II, Identification of Related Tax-Exempt Organizations:

Name and Address of Related Organization:

Food for the Poor Canada

164 Melrose Ave.

Toronto, Ontario, CANADA M5M 1Y7

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

Direct Controlling Entity: Food for the Poor, Inc.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  Food For the Poor, Inc.	Employer identification number (EIN) or  59-2174510
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6401 Lyons Road	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Coconut Creek, FL 33073-3602	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Jeff Alexander

- The books are in the care of ▶ 6401 Lyons Road - Coconut Creek, FL 33073-3602  
Telephone No. ▶ 954-427-2222 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2013 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.