

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_, 20. See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9.)

**E** Unrelated business activity codes (See instructions for Block E on page 9.)

**F** Group exemption number (See instructions for Block F on page 9.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

Name of organization (  Check box if name changed and see instructions.)  
**FOOD FOR THE POOR, INC.**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
**6401 LYONS ROAD**

City or town, state, and ZIP code  
**COCONUT CREEK, FL 33073**

**59-2174510**

**541800**

**H** Describe the organization's primary unrelated business activity. **INCOME FROM ADVERTISING IN PROGRAM BOOKLETS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **FOOD FOR THE POOR, INC.** Telephone number **954-427-2222**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c Balance		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	12,317.	2,606.	9,711.
12	Other income (See page 11 of the instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	12,317.	2,606.	9,711.

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**Part II Deductions Not Taken Elsewhere** (See page 12 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	NONE
15	Salaries and wages			15	11,745.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See page 14 of the instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21	NONE		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	NONE
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	<b>Total deductions.</b> Add lines 14 through 28			29	11,745.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-2,034.
31	Net operating loss deduction (limited to the amount on line 30)			31	1,747.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-3,781.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-3,781.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \_\_\_\_\_

c Income tax on the amount on line 34 **35c** \_\_\_\_\_

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) **36** \_\_\_\_\_

**37 Proxy tax.** See page 16 of the instructions **37** \_\_\_\_\_

**38 Alternative minimum tax** **38** \_\_\_\_\_

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies. **39** \_\_\_\_\_

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **40a** \_\_\_\_\_

**b Other credits** (see page 17 of the instructions) **40b** \_\_\_\_\_

**c General business credit.** Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) \_\_\_\_\_ **40c** \_\_\_\_\_

**d Credit for prior year minimum tax** (attach Form 8801 or 8827) **40d** \_\_\_\_\_

**e Total credits.** Add lines 40a through 40d **40e** \_\_\_\_\_

**41 Subtract line 40e from line 39.** **41** \_\_\_\_\_

**42 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule). **42** \_\_\_\_\_

**43 Total tax.** Add lines 41 and 42 **43** \_\_\_\_\_

**44a Payments: A 2006 overpayment credited to 2007** **44a** \_\_\_\_\_

**b 2007 estimated tax payments** **44b** \_\_\_\_\_

**c Tax deposited with Form 8868** **44c** \_\_\_\_\_

**d Foreign organizations: Tax paid or withheld at source** (see instructions) **44d** \_\_\_\_\_

**e Backup withholding** (see instructions) **44e** \_\_\_\_\_

**f Other credits and payments:**  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ **Total** **44f** \_\_\_\_\_

**45 Total payments.** Add lines 44a through 44f **45** \_\_\_\_\_

**46 Estimated tax penalty** (see page 4 of the instructions). Check if Form 2220 is attached  **46** \_\_\_\_\_

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** \_\_\_\_\_ NONE

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** \_\_\_\_\_ NONE

**49 Enter the amount of line 48 you want: Credited to 2008 estimated tax**  **Refunded**  **49** \_\_\_\_\_ NONE

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here CANADA **Yes**  **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes**  **No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$** \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

<b>1</b> Inventory at beginning of year <b>1</b> _____	<b>6</b> Inventory at end of year <b>6</b> _____
<b>2</b> Purchases <b>2</b> _____	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2. <b>7</b> _____
<b>3</b> Cost of labor <b>3</b> _____	
<b>4a</b> Additional section 263A costs (attach schedule) <b>4a</b> _____	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
<b>b</b> Other costs (attach schedule) <b>4b</b> _____	
<b>5</b> <b>Total.</b> Add lines 1 through 4b <b>5</b> _____	

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

**TAXPAYER'S COPY**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP code **RACHLIN LLP**  
**ONE SE THIRD AVENUE, 10TH FLOOR**  
**MIAMI, FL 33131**

Check if self-employed  Preparer's SSN or PTIN **P00541422**  
 EIN **65-0544505**  
 Phone no. **305 377-4228**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns: 2(a) Rent received or accrued (personal property), 2(b) Rent received or accrued (real and personal property), 3 Deductions directly connected with the income, and Total income/deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

Table for Schedule E with columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions, and Totals.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Table for Schedule F - Exempt Controlled Organizations with columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, and 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Schedule F - Nonexempt Controlled Organizations with columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, and 11 Deductions directly connected with income in column 10.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)). . . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) STMT 1	12,317.	2,606.	9,711.			
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
<b>Totals, Part II</b> (lines 1-5). . . ▶	Enter here and on page 1, Part I, line 11, col. (A). 12,317.	Enter here and on page 1, Part I, line 11, col. (B). 2,606.				Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 3			%
			%
			%
			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			NONE

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1. NAME OF PERIODICAL	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
PALM BEACH GALA PROGRAM	6,650.	2,159.	4,491.			
ROCKFORD GALA PROGRAM	5,667.	447.	5,220.			
COLUMN TOTALS	12,317.	2,606.	9,711.			

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, &amp; TRUSTEES

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
P TODD KENNEDY 6401 LYONS ROAD COCONUT CREEK, FL 33073	CHAIRMAN	NONE	NONE
ROBIN G MAHFOOD 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR/PRESIDENT	NONE	NONE
REV GREGORY RAMKISSOON 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
DAVID PRICE 6401 LYONS ROAD COCONUT CREEK, FL 33073	SECRETARY	NONE	NONE
GRACE BONINA 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
RHONDA MAINGOT 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
THE RT REV LEOPOLD FRADE 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
ALVARO J PEREIRA 6401 LYONS ROAD	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
COCONUT CREEK, FL 33073			
LYNNE G NASRALLAH ED D 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
BILL BENSON 6401 LYONS ROAD COCONUT CREEK, FL 33073	DIRECTOR	NONE	NONE
TOTAL COMPENSATION			NONE

FEDERAL FOOTNOTES

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NOL CARRYOVER SCHEDULES

12/31/2004 NOL	(272)
12/31/2005 NOL	(2,213)
12/31/2006 NOL	738
12/31/2007 NOL	(2,034)
TOTAL CARRYOVER TO 2008	3,781

FEDERAL FOOTNOTES  
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## NON-TAXABLE RENTAL INCOME - PART 1 LINE 6

THE ORGANIZATION ACQUIRED A NEW FACILITY DURING 2007 FOR USE DEVOTED TO ITS TAX EXEMPT PURPOSE. THE PROPERTY IS APPROXIAMETLY 120,000 SQ FT OF WHICH 5,000 SQ FT IS RENTED TO TWO ENTITIES THAT ARE NOT TAX EXEMPT. THE AMOUNT OF RENT IS NOT BASED ON THE LESSEES' NET INCOME NOR DOES THE ORGANIZATION PERFORM ANY SUBSTANTIAL SERVICES FOR THE BENEFIT OF THE LESSEES. SINCE SUBSTANTIALLY ALL OF THE PROPERTY'S USE IS RELATED TO THE PERFORMANCE OF THE ORGANIZATION'S EXEMPT PURPOSE, THE PROPERTY IS NOT CONSIDERED DEBT-FINANCED. AS A RESULT, THE INCOME IS EXCLUDED FROM UNRELATED BUSINESS INCOME AND THERE IS NO 990-T REPORTING REQUIREMENT.