

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

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

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

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

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

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

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

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

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

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

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20__

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

Food For the Poor, Inc.

59-2174510

Name and title of officer

Edward Raine

President/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	914,482,299.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Capin Crouse LLP to enter my PIN 74510
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Edward Raine* Date ▶ 8/5/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35312101972

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Capin Crouse LLP Date ▶ 8/5/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Food For the Poor, Inc.		D Employer identification number 59-2174510
	Doing business as		E Telephone number 954-427-2222
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6401 Lyons Road		G Gross receipts \$ 920,214,641.
	City or town, state or province, country, and ZIP or foreign postal code Coconut Creek, FL 33073-3602		
F Name and address of principal officer: Edward Raine same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ www.foodforthe poor.org

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1982 **M State of legal domicile:** FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide aid as to improve the health, economic, social, and spiritual conditions of the poor.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	414
	6 Total number of volunteers (estimate if necessary)	6	119
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,000.
b Net unrelated business taxable income from Form 990-T, line 39	7b	-13,671.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	941,949,169.	911,914,789.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,148.	2,704,660.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,626.	-137,150.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	942,118,943.	914,482,299.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	870,486,333.	829,635,337.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,698,639.	26,584,978.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	650,787.	615,485.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,352,371.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,768,864.	43,772,230.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	952,604,623.	900,608,030.
19 Revenue less expenses. Subtract line 18 from line 12	-10,485,680.	13,874,269.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 32,003,725.	End of Year 44,475,356.
	21 Total liabilities (Part X, line 26)	6,238,116.	5,822,176.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,765,609.	38,653,180.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Edward Raine, President/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Ted R. Batson, Jr.	Preparer's signature <i>Ted R. Batson</i>	Date 8/5/2020	Check if self-employed <input type="checkbox"/>	PTIN P00721951
	Firm's name ▶ Capin Crouse LLP	Firm's EIN ▶ 36-3990892	Phone no. 678-518-5301		
Firm's address ▶ 1255 Lakes Parkway, Suite 130 Lawrenceville, GA 30043					

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 \$ 597,286,067. including grants of \$ 596,608,310.) (Revenue \$) Healthcare - Food For The Poor shipped over 660 trailer loads of medicines, medical supplies, and equipment that help maintain clinics, hospitals, and medical-care centers to provide much needed medical care to poverty-stricken children and families.

4b (Code:) (Expenses \$ 156,047,682. including grants of \$ 156,044,537.) (Revenue \$) Basic needs - Food For The Poor distributes aid to support the feeding, clothing, and sheltering of the poor. In 2019, over 20 million meals per month were distributed to feed malnourished children and their families. We have built 3,113 new homes for families in need of adequate shelter in 2019 and since our inception in 1982, have constructed over 86,670 homes for the poor.

4c (Code:) (Expenses \$ 52,596,621. including grants of \$ 52,399,815.) (Revenue \$) Community support & development - Water wells, agricultural tools, seeds, training and other grants were distributed enabling entire communities to grow their own food. Aquaculture ponds, fishing villages, fruit tree nurseries, animal husbandry projects and other programs we have funded give the poor fresh hope for a better tomorrow.

4d Other program services (Describe on Schedule O.) (Expenses \$ 46,323,941. including grants of \$ 24,582,675.) (Revenue \$)

4e Total program service expenses 852,254,311.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, 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 on 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 (11); 1b Enter the number of voting members included on line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," 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, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA]; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O); 19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records [Ray Barrett - 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.
- See instructions for the order in which to list the persons above.

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/Past President & CEO through 12/19/19	60.00	X					456,222.	0.	24,547.	
(2) Angel Aloma EVP/Chief Mrkt. Officer	40.00				X		276,130.	0.	19,784.	
(3) Edward Raine, President & CEO/ Past Executive VP through 12/23/19	60.00	X		X			254,764.	0.	20,550.	
(4) Alvaro J. Pereira EVP Church Alliance	40.00				X		233,050.	0.	18,557.	
(5) Mark Khouri EVP/COO	40.00			X			209,764.	0.	19,200.	
(6) Natalie F. Carlisle EVP/Chief Develop. Officer	40.00				X		199,171.	0.	16,109.	
(7) Dennis A. North EVP/Chief Admin. Officer	40.00				X		184,893.	0.	16,675.	
(8) Gail Hamaty-Bird EVP/Gen. Counsel/Secretary	40.00			X			174,407.	0.	24,707.	
(9) Michael Anton Projects Director	40.00					X	166,462.	0.	17,267.	
(10) Arthur Goldklang Shipping Director	40.00					X	156,130.	0.	15,960.	
(11) Frederick Khouri EVP Special Projects	40.00				X		154,554.	0.	16,672.	
(12) Jeffrey Alexander EVP/Chief Outcomes Officer	40.00				X		153,604.	0.	15,837.	
(13) Michael R. Chin Quee Donor Relations Director	40.00					X	143,699.	0.	15,716.	
(14) Thomas R. Bouterie Speaker	40.00					X	136,270.	0.	15,513.	
(15) Tewfick S. Josephs Purchasing Director	40.00					X	136,128.	0.	15,360.	
(16) David Price Secretary (Part year)	40.00			X			63,000.	0.	0.	
(17) P. Todd Kennedy Chairman	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (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) Bill Benson Vice-Chairman/Treasurer	1.00	X		X				0.	0.	0.
(19) Grace Bonina Director	1.00	X						0.	0.	0.
(20) The Rt Rev Leopold Frade Director	1.00	X						0.	0.	0.
(21) Rhonda Maingot Director	1.00	X						0.	0.	0.
(22) Card Rodriguez Maradiaga Director	1.00	X						0.	0.	0.
(23) Most Rev. Burchell McPherson Director	1.00	X						0.	0.	0.
(24) Lynne G. Nasrallah Director	1.00	X						0.	0.	0.
(25) Very Rev Mon Gregory Ramkissoon Director	1.00	X						0.	0.	0.
1b Subtotal								3,098,248.	0.	272,454.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,098,248.	0.	272,454.

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 29

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
Perlman & Perlman LLP, 41 Madison Ave, Suite 4000, New York, NY 10010-2202	Legal Services	304,692.
One & All Inc., 2 North Lake Avenue, Suite 600, Pasadena, CA 91101	TV Production & Consulting	195,677.
Dunham ShareMedia, LLC PO Box 261436, Plano, TX 75026	Radio Marketing Consulting	160,676.

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 3

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	88,292.				
	b Membership dues	1b					
	c Fundraising events	1c	1,436,305.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,403,102.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	898,987,090.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 777,463,990.				
	h Total. Add lines 1a-1f			911,914,789.			
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,571.			41,571.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	90,000.			
			(ii) Personal				
	b Less: rental expenses ...	6b	66,814.				
	c Rental income or (loss)	6c	23,186.				
	d Net rental income or (loss)			23,186.		23,186.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,031,342.	4,850,755.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,030,763.	2,188,245.			
	c Gain or (loss)	7c	579.	2,662,510.			
	d Net gain or (loss)			2,663,089.		2,663,089.	
8 a Gross income from fundraising events (not including \$ 1,436,305. of contributions reported on line 1c). See Part IV, line 18	8a		116,744.				
b Less: direct expenses	8b	329,944.					
c Net income or (loss) from fundraising events			-213,200.		-213,200.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		117,418.				
b Less: direct expenses	9b	116,576.					
c Net income or (loss) from gaming activities			842.		842.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous Revenue	Business Code	900099	50,022.		50,022.	
	b Advertising Revenue		541800	2,000.	2,000.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			52,022.			
12 Total revenue. See instructions			914,482,299.	0.	2,000.	2,565,510.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	222,966.	222,966.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	829,412,371.	829,412,371.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,578,284.		2,578,284.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	384,320.	140,612.	198,804.	44,904.
7 Other salaries and wages	17,892,934.	3,252,450.	3,345,223.	11,295,261.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	353,935.	77,053.	66,240.	210,642.
9 Other employee benefits	3,903,631.	702,241.	767,306.	2,434,084.
10 Payroll taxes	1,471,874.	255,010.	392,120.	824,744.
11 Fees for services (nonemployees):				
a Management	56,046.		4,999.	51,047.
b Legal	1,254,386.		1,254,386.	
c Accounting	63,210.		63,210.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	615,485.			615,485.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	12,473,411.	19,963.	18,295.	12,435,153.
13 Office expenses	8,160,197.	94,939.	1,672,905.	6,392,353.
14 Information technology	991,438.	81,990.	779,615.	129,833.
15 Royalties				
16 Occupancy	430,156.	197,377.	98,721.	134,058.
17 Travel	1,900,436.	153,685.	117,751.	1,629,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,062.	749.	22,600.	24,713.
20 Interest	19,140.		19,140.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	583,126.	126,886.	371,649.	84,591.
23 Insurance	230,633.		229,974.	659.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Freight	16,676,297.	16,585,168.	6,571.	84,558.
b				
c				
d				
e All other expenses	885,692.	930,851.	-6,445.	-38,714.
25 Total functional expenses. Add lines 1 through 24e	900,608,030.	852,254,311.	12,001,348.	36,352,371.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,519,217.	2	23,651,737.
	3 Pledges and grants receivable, net	3,338,917.	3	4,243,994.
	4 Accounts receivable, net	146,447.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,064,733.	9	957,081.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,674,789.		
	b Less: accumulated depreciation	10b 6,583,934.	14,849,816.	10c 12,090,855.
	11 Investments - publicly traded securities	286,083.	11	528,399.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,798,512.	15	3,003,290.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,003,725.	16	44,475,356.	
Liabilities	17 Accounts payable and accrued expenses	5,738,116.	17	5,822,176.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	500,000.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,238,116.	26	5,822,176.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,286,815.	27	35,941,835.
	28 Net assets with donor restrictions	1,478,794.	28	2,711,345.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,765,609.	32	38,653,180.
33 Total liabilities and net assets/fund balances	32,003,725.	33	44,475,356.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	914,482,299.
2	Total expenses (must equal Part IX, column (A), line 25)	2	900,608,030.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,874,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,765,609.
5	Net unrealized gains (losses) on investments	5	53,578.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,040,276.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,653,180.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	
c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 on 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1157509481.	993,729,983.	947,061,325.	941,949,169.	911,914,789.	4952164747.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1157509481.	993,729,983.	947,061,325.	941,949,169.	911,914,789.	4952164747.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4952164747.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1157509481.	993,729,983.	947,061,325.	941,949,169.	911,914,789.	4952164747.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	126,612.	106,167.	132,467.	179,744.	131,571.	676,561.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,209,569.	1,075,652.	1,467,007.	470,286.	284,184.	4,506,698.
11 Total support. Add lines 7 through 10						4957348006.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.89 %

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Fundraising events

2015 Amount: \$ 189,566.

2016 Amount: \$ 76,534.

2017 Amount: \$ 197,629.

2018 Amount: \$ 125,992.

2019 Amount: \$ 116,744.

Gaming activities

2015 Amount: \$ 1,020,003.

2016 Amount: \$ 999,118.

2017 Amount: \$ 1,258,425.

2018 Amount: \$ 334,839.

2019 Amount: \$ 117,418.

Other income

2017 Amount: \$ 10,953.

2018 Amount: \$ 9,455.

2019 Amount: \$ 50,022.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
1	<hr/> <hr/> <hr/>	\$ 333,748,706.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 125,198,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 72,981,434.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 50,618,498.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 36,985,428.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 25,523,157.	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/>	\$ 21,148,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 19,606,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
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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
1	Pharmaceuticals, assorted medical and household supplies	\$ 333,748,706.	12/31/19
2	Assorted medical & household goods, clothing, fabric, blankets, paint & personal care items	\$ 125,180,753.	12/31/19
3	Pharmaceuticals, assorted medical supplies & household items	\$ 72,981,434.	12/31/19
4	Pharmaceuticals, textbooks, assorted medical & household supplies, furniture & equipment	\$ 50,618,498.	12/31/19
5	Assorted medical & household items, building materials, diapers, fabric, food, paint and mattresses	\$ 36,985,428.	12/31/19
6	Pharmaceuticals, assorted medical supplies & household items	\$ 25,523,157.	12/31/19

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	Assorted medical & household items, mattresses _____	\$ 21,138,140.	12/31/19
8	Rice and soy meals _____	\$ 19,548,069.	12/31/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization Food For the Poor, Inc.	Employer identification number 59-2174510
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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 make 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 program
 - 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" on 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	209,680.	226,146.	193,225.	29,149.	28,672.
b Contributions				154,767.	
c Net investment earnings, gains, and losses	39,981.	-16,466.	32,921.	9,309.	477.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	249,661.	209,680.	226,146.	193,225.	29,149.

- 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 100.00 %
 - c Term endowment _____ %
- The percentages on 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on 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		3,952,144.		3,952,144.
b Buildings		11,094,538.	3,577,407.	7,517,131.
c Leasehold improvements				
d Equipment		3,446,736.	2,919,915.	526,821.
e Other		181,371.	86,612.	94,759.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,090,855.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Goods pending distribution	2,998,258.
(2) Other assets	2,755.
(3) Security deposits	2,277.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,003,290.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	
Total. (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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	915,049,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	53,578.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	513,334.
e	Add lines 2a through 2d	2e	566,912.
3	Subtract line 2e from line 1	3	914,482,299.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	914,482,299.

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

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

1	Total expenses and losses per audited financial statements	1	902,161,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	1,040,276.
d	Other (Describe in Part XIII.)	2d	513,334.
e	Add lines 2a through 2d	2e	1,553,610.
3	Subtract line 2e from line 1	3	900,608,030.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	900,608,030.

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 V, line 4:

The intent of the endowed funds is to help further the mission of Food For The Poor, Inc.

Part X, Line 2:

The Organization is a not-for-profit organization and a public charity, as described in Section 501(c)(3) and 509(a)(1) 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, 2019.

U.S. GAAP requires management to evaluate tax positions taken and

Part XIII Supplemental Information (continued)

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, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. If the Organization were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Organization is no longer subject to income tax examinations for the years prior to 2016.

Part XI, Line 2d - Other Adjustments:

Fundraising event and gaming expenses	446,520.
Rental expense	66,814.
Total to Schedule D, Part XI, Line 2d	513,334.

Part XII, Line 2d - Other Adjustments:

Fundraising event and gaming expenses	446,520.
Rental expense	66,814.
Total to Schedule D, Part XII, Line 2d	513,334.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		4,109,457.	Clothing, footwear, household, food, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	4,986,482.	Check or Wire Transfer	2,558,679.	Medical supplies & linens, household, personal hygiene,	FMV
		Central America and the Caribbean	Charitable Aid	0.		1,466,733.	Personal hygiene, clothing, household, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	18,257.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		10,000.	Vehicles	FMV
		Central America and the Caribbean	Charitable Aid	0.		42,103.	Household items, food, diapers, religious items	FMV
		Central America and the Caribbean	Charitable Aid	5,891,185.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	454,175.	Check or Wire Transfer	0.		

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 ▶ 73

3 Enter total number of other organizations or entities ▶ 0

See Part V for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	37,591.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		3,220,127.	Household items, medical supplies, medical equipment,	FMV
		Central America and the Caribbean	Charitable Aid	6,550.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		5,916,622.	Personal hygiene items, food, clothing, eyeglasses,	FMV
		Central America and the Caribbean	Charitable Aid	16,950.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	3,596,113.	Check or Wire Transfer	19,938,611.	Food, clothing & shelter, paint, floor tile, supplies, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		38,477,200.	Clothing, food, medical supplies, personal hygiene, OTC medicine,	FMV
		Central America and the Caribbean	Charitable Aid	125,284.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		30,774,899.	Food, OTC medicine, personal hygiene, clothing, student	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	11,255.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		23,157.	Paint, hardware items, food items, electrical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		25,350.	Religious books, folding tables & chairs, computers,	FMV
		Central America and the Caribbean	Charitable Aid	64,730.	Check or Wire Transfer	26,498.	Community support & development, vehicles, educational	FMV
		Central America and the Caribbean	Charitable Aid	0.		190,298.	Clothing, diapers, food	FMV
		Central America and the Caribbean	Charitable Aid	0.		19,944,321.	Medical supplies, OTC medicine, pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		4,863,223.	Medical supplies, OTC medicine, personal hygiene, medical linens,	FMV
		South America	Charitable Aid	0.		1,279,507.	Rice and soy protein meals, wheelchairs and parts	FMV
		Central America and the Caribbean	Charitable Aid	0.		183,499,412.	Eyeglasses, pharmaceuticals, hospital clothing,	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.		8,147,153.	Food, personal hygiene, clothing, footwear, medical	FMV
		South America	Charitable Aid	1,134,060.	Check or Wire Transfer	31,640,273.	Personal hygiene, clothing, pharmaceuticals, eyeglasses, floor	FMV
		Central America and the Caribbean	Charitable Aid	14,787,243.	Check or Wire Transfer	168,317,343.	Personal hygiene, pharmaceuticals, community support & development,	FMV
		Central America and the Caribbean	Charitable Aid	6,323,996.	Check or Wire Transfer	49,538,579.	Personal hygiene, blankets, chairs, pharmaceuticals, student desks &	FMV
		South America	Charitable Aid	56,749.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		5,000.	Vehicles	FMV
		Central America and the Caribbean	Charitable Aid	247,008.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		36,753,048.	Clothing, eyeglasses, personal care items, household	FMV
		Central America and the Caribbean	Charitable Aid	1,217,533.	Check or Wire Transfer	22,372,634.	Personal hygiene, chairs, clothing, food, OTC medicine, student	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.		417,234.	Food, household items, medical supplies, toys	FMV
		Central America and the Caribbean	Charitable Aid	81,533.	Check or Wire Transfer	2,164,667.	Educational programs, eyeglasses, footwear, floor	FMV
		Central America and the Caribbean	Charitable Aid	8,600.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		709,821.	Clothing, footwear, food	FMV
		Central America and the Caribbean	Charitable Aid	0.		1,889,386.	Medical supplies, respiratory supplies, syringes,	FMV
		Central America and the Caribbean	Charitable Aid	0.		19,779.	Vehicles	FMV
		Central America and the Caribbean	Charitable Aid	19,980.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	272,705.	Check or Wire Transfer	117,306.	Food, clothing & shelter, footwear, community support	FMV
		Central America and the Caribbean	Charitable Aid	3,906.	Check or Wire Transfer	435,994.	Food, clothing, eyeglasses, mattresses, linens	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	14,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		20,000.	Community support & development	FMV
		Central America and the Caribbean	Charitable Aid	19,732.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		6,040.	Clothing, vehicles	FMV
		Central America and the Caribbean	Charitable Aid	0.		445,383.	Glue, clothing, household items, food	FMV
		Central America and the Caribbean	Charitable Aid	283,500.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	6,867.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	10,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	8,618.	Check or Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	14,880.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	105,950.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	87,387.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	80,000.	Check or Wire Transfer	14,809.	Community support & development, candles, food, household items	FMV
		Central America and the Caribbean	Charitable Aid	56,140.	Check or Wire Transfer	0.		
		South America	Charitable Aid	49,936.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		37,510,761.	Clothing, food, personal hygiene, eyeglasses, fabric,	FMV
		Central America and the Caribbean	Charitable Aid	0.		10,364.	Vehicles	FMV
		Central America and the Caribbean	Charitable Aid	0.		9,066.	Blankets, 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.		14,763.	Blankets, generator, air compressor	FMV
		Central America and the Caribbean	Charitable Aid	0.		769,283.	Baby items, blankets, construction supplies, food	FMV
		Central America and the Caribbean	Charitable Aid	0.		339,011.	Personal care items, food, tarps, beverages, personal hygiene,	FMV
		Central America and the Caribbean	Charitable Aid	0.		27,061.	Blankets, tarps, personal hygiene	FMV
		South America	Charitable Aid	0.		108,035.	Food, blankets	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,797.	Food	FMV
		Central America and the Caribbean	Charitable Aid	0.		110,402,578.	Hospital items, pharmaceuticals, medical supplies, OTC medicine	FMV
		Central America and the Caribbean	Charitable Aid	0.		432,604.	Blankets, food, clothing, work gloves, diapers, wipes	FMV
		Central America and the Caribbean	Charitable Aid	0.		195,674.	Food, clothing, toiletries, water	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.		65,318.	Rice and soy protein meals	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,566.	Religious books	FMV

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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. See instructions.

Part I, Line 2:

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

Part I, line 3:

Expenditures are accounted for using the accrual method of accounting.

Part II, Column (h):

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, footwear, household, food, medical supplies, personal hygiene, eyeglasses, cleaning supplies, glue, diapers

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies & linens, household, personal hygiene, footwear, bedding, supplies, pharmaceutical, community support & development, educational programs, food, clothing & shelter, water, housing & sanitation units

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal hygiene, clothing, household, medical supplies, food, eyeglasses, diapers, eyeglasses, floor tile, bags, mattresses, tile

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Household items, 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. See instructions.

supplies, medical equipment, medical linens, personal hygiene items,

clothes, diapers, eyeglasses, orthopedic supplies, personal care items,

food, safety gear, trash bags

Region: Central America and the Caribbean

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

clothing, eyeglasses, household items, glue, hospital clothing, medical

linens, medical supplies, OTC medication, personal care items, seeds

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, clothing & shelter, paint,

floor tile, supplies, medical supplies, OTC medicine, household items,

pharmaceuticals, community support & development, educational programs,

housing, sanitation, water

Region: Central America and the Caribbean

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

supplies, personal hygiene, OTC medicine, footwear, household items,

medical equipment, pharmaceuticals, medical linens, school furniture,

bedding, blankets, chairs, cleaning supplies, diapers, drapes and

hospital clothing, eyeglasses, fabric, floor tile, glue, linens,

mattresses, paint, tile, toys

Region: Central America and the Caribbean

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

hygiene, clothing, student desks, eyeglasses, fabric, floor tile, glue,

household items, personal care items, mattresses, pharmaceuticals,

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. See instructions.

medical supplies, medical equipment, medical linens, paint

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Paint, hardware items, food items, electrical supplies, clothing

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Religious books, folding tables & chairs, computers, refrigerator, recreational supplies, industrial mixer & stove, washing machine

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Community support & development, vehicles, educational programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, OTC medicine, personal hygiene, medical linens, clothing, eyeglasses, mattresses, personal care items, food

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Eyeglasses, pharmaceuticals, hospital clothing, hospital items, medical linens, medical supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, personal hygiene, clothing, footwear, medical supplies, eyeglasses, household items,

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. See instructions.

religious books, glue, personal care items

Region: South America

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

pharmaceuticals, eyeglasses, floor tile, food, glue, mattresses,

household items, medical equipment & supplies, medical linens, personal

care items, tile

Region: Central America and the Caribbean

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

pharmaceuticals, community support & development, educational programs,

food, clothing, shelter, medical supplies & linens, OTC medicine,

housing, rice & soy protein meals

Region: Central America and the Caribbean

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

chairs, pharmaceuticals, student desks & chairs, textbooks, cleaning

supplies, diapers, community support & development, educational programs,

eyeglasses, fabric, footwear, floor tile, food, clothing, shelter, glue,

hospital clothing, household items, mattresses, lumber, OTC medicine,

medical linens, paint, rice & soy protein meals, tables, water, tiles

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, eyeglasses, personal

care items, household items, pharmaceuticals, medical 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. See instructions.

(h) Description of Non-cash Assistance: Personal hygiene, chairs, clothing, food, OTC medicine, student desks & chairs, diapers, educational programs, community support & development, medical supplies and linens, eyeglasses, fabric, floor tile, firefighting gear and equipment, mattresses, glue, housing, linens, household items, tile, flooring, work gloves, personal care items

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Educational programs, eyeglasses, footwear, floor tile, textbooks, pharmaceuticals, clothing

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, respiratory supplies, syringes, pharmaceuticals

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, clothing & shelter, footwear, community support & development, housing, water

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, food, personal hygiene, eyeglasses, fabric, pharmaceuticals, medical linens & supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Baby items, blankets, construction supplies, food items, generators, personal care kits, water

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. See instructions.

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Personal care items, food,

tarps, beverages, personal hygiene, vitamins

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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			
Infocision Management Corp - PO Box 932441, Cleveland, OH	Call center - radio		X	5,190,955.	40,128.	5,150,827.
One & All Inc. - PO Box 936517, Atlanta, GA 31193	TV production and consultation		X	3,855,364.	195,677.	3,659,687.
Maria Santamarina - 662 Cypress Road, Vero Beach, FL	Government grant writer		X	413,908.	90,000.	323,908.
Dunham ShareMedia, LLC - PO Box 261436, Plano, TX 75026	Radio marketing consulting		X	0.	160,676.	-160,676.
Listentrust - 16 Casco Street, Suite 200, Portland,	Call center - TV		X	0.	49,230.	-49,230.
Tom Gaffny Consulting - 71 Cliff Road, Wellesley, MA	Direct mail consultant		X	0.	22,977.	-22,977.
TMS Call Center - 435 NE Casper Street, Roseburg, OH	Call center - TV		X	0.	56,797.	-56,797.
Total				9,460,227.	615,485.	8,844,742.

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 Grande (event type)	Gala - Boca Gala (event type)	9 (total number)	
Revenue	1 Gross receipts	313,815.	205,940.	1,033,294.	1,553,049.
	2 Less: Contributions	311,367.	138,140.	986,798.	1,436,305.
	3 Gross income (line 1 minus line 2)	2,448.	67,800.	46,496.	116,744.
Direct Expenses	4 Cash prizes			25,000.	25,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,355.	196,090.	101,499.	304,944.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				329,944.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-213,200.

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue			117,418.	117,418.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			116,576.	116,576.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				116,576.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				842.

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	100.00 %
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 ▶ Ray Barrett

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 provide any additional information. See instructions.

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

- (i) Name of Fundraiser: Infocision Management Corp
- (i) Address of Fundraiser: PO Box 932441, Cleveland, OH 44193
- (i) Name of Fundraiser: Maria Santamarina
- (i) Address of Fundraiser: 662 Cypress Road, Vero Beach, FL 32963
- (i) Name of Fundraiser: Listentrust

Part IV Supplemental Information (continued)

(i) Address of Fundraiser: 16 Casco Street, Suite 200, Portland, ME 04101

(i) Name of Fundraiser: Tom Gaffny Consulting

(i) Address of Fundraiser: 71 Cliff Road, Wellesley, MA 02481

(i) Name of Fundraiser: TMS Call Center

(i) Address of Fundraiser: 435 NE Casper Street, Roseburg, OH 97470

Schedule G, Part I, Line 2, Column (iv):

Consultants and call centers are paid for their services independent of the revenues generated by those activities. The amounts listed in column (v) are the amounts paid for their services. The gross receipts listed are the totals received for all TV activities, government contracts and radio campaigns, accordingly and, with the exception of government grants, are not necessarily a direct result of the activities of these professional fundraisers.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 726 Ramsey St., Suites 10 & 11 - East Fayetteville, NC 28301		501(c)(3)	0.	54,597.	FMV	Personal care items, cleaning products, baby	Charitable aid
HARVEST TIME INTERNATIONAL 225 NORTH KENNEL ROAD Sanford, FL 32771	36-4567170	501(c)(3)	0.	73,345.	FMV	Personal care items, cleaning products, baby	Charitable aid
LIBERTY MOVEMENT MINISTRY, INC 9449 SAVANNA ESTATES DR. Lake Worth, FL 33467	27-0849384	501(c)(3)	6,000.	0.			Charitable aid
OUR LITTLE ROSES PO BOX 530947 Miami Shores, FL 33153-0947	54-1663713	501(c)(3)	60,000.	0.			Charitable aid
USNS COMFORT MTF 9551 Decatur Avenue Decatur, VA 23511			0.	8,166.	FMV	Personal care items, cleaning products, baby	Charitable aid
University of Miami Medical PO BOX 248106 Coral Gables, FL 33124-2912	59-0624458	501(c)(3)	14,858.	0.			Charitable aid

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (g) descriptions

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash 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:

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

Part II, line 1, Column (g):

Name of Organization or Government:

CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH

(g) Description of Non-cash Assistance: Personal care items, cleaning

Part IV Supplemental Information

products, baby items, food.

Name of Organization or Government: HARVEST TIME INTERNATIONAL

(g) Description of Non-cash Assistance: Personal care items, cleaning

products, baby items, food.

Name of Organization or Government: USNS COMFORT MTF

(g) Description of Non-cash Assistance: Personal care items, cleaning

products, baby items, food.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Food For the Poor, Inc.

Employer identification number

59-2174510

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |

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

2 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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <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 checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Robin G. Mahfood, Director/Past President & CEO through 12/19/19	(i)	455,022.	1,200.	0.	0.	28,362.	484,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Angel Aloma EVP/Chief Mrkt. Officer	(i)	274,930.	1,200.	0.	8,250.	14,950.	299,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Edward Raine, President & CEO/ Past Executive VP through 12/23/19	(i)	253,564.	1,200.	0.	7,650.	16,485.	278,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Alvaro J. Pereira EVP Church Alliance	(i)	231,850.	1,200.	0.	6,960.	13,636.	253,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Mark Khouri EVP/COO	(i)	208,564.	1,200.	0.	6,300.	16,175.	232,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Natalie F. Carlisle EVP/Chief Develop. Officer	(i)	197,971.	1,200.	0.	3,209.	15,869.	218,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Dennis A. North EVP/Chief Admin. Officer	(i)	183,693.	1,200.	0.	5,512.	13,221.	203,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Gail Hamaty-Bird EVP/Gen. Counsel/Secretary	(i)	173,207.	1,200.	0.	925.	25,722.	201,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Michael Anton Projects Director	(i)	165,262.	1,200.	0.	4,983.	14,039.	185,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Arthur Goldklang Shipping Director	(i)	154,930.	1,200.	0.	4,650.	13,041.	173,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Frederick Khouri EVP Special Projects	(i)	153,354.	1,200.	0.	4,597.	13,757.	172,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Jeffrey Alexander EVP/Chief Outcomes Officer	(i)	152,404.	1,200.	0.	4,577.	12,569.	170,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Michael R. Chin Quee Donor Relations Director	(i)	142,499.	1,200.	0.	4,253.	13,114.	161,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Thomas R. Bouterie Speaker	(i)	135,070.	1,200.	0.	4,050.	13,023.	153,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Tewfick S. Josephs Purchasing Director	(i)	134,928.	1,200.	0.	4,050.	13,066.	153,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

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 Mahfood	Family relationship	95,516.	Compensatio		X
Wendy Khouri	Family relationship	84,849.	Compensatio		X
McCallen Kennedy	Family relationship	44,904.	Compensatio		X
Margaret Anton	Family relationship	103,288.	Compensatio		X
Gerald Mahfood	Family relationship	55,764.	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 Mahfood

(b) Relationship Between Interested Person and Organization:

Family relationship with Robin G. Mahfood, Director/Past President/CEO

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: Wendy Khouri

(b) Relationship Between Interested Person and Organization:

Family relationship with Mark Khouri, EVP/COO

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: McCallen Kennedy

(b) Relationship Between Interested Person and Organization:

Family relationship with P.Todd Kennedy, Chairman

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: Margaret Anton

(b) Relationship Between Interested Person and Organization:

Family relationship with Ferdinand Mahfood, Founder

(d) Description of Transaction: Compensation and benefits

Part V Supplemental Information

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

(a) Name of Person: Gerald Mahfood

(b) Relationship Between Interested Person and Organization:

Family relationship with Ferdinand Mahfood, Founder

(d) Description of Transaction: Compensation and benefits

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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		3,610,764	Cost
5 Clothing and household goods	X		118,750,595	Cost
6 Cars and other vehicles	X	1	7,500	Cost
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,242	33,582,148	Cost
20 Drugs and medical supplies	X	12,441	578,972,291	Cost - See Sch O
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Building Mate)	X	895	22,984,167	Cost
26 Other (Educational)	X	1,356	9,694,072	Cost
27 Other (General Suppo)	X	1,277	9,266,604	Cost
28 Other (Agriculture)	X	23	595,850	Cost

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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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):

Schedule M, Part I, Line 20:

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 refers to the donor's value. 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 M, Line 32b:

The Organization contracts a third party to receive and process a small portion of noncash contributions such as gold jewelry, passenger vehicles, and grain commodities.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Food For the Poor, Inc.

Employer identification number

59-2174510

Form 990, Part III, Line 1:

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:

Freight and other costs

Expenses \$ 21,743,397. including grants of \$ 0. Revenue \$ 0.

Education

Expenses \$ 16,428,587. including grants of \$ 16,430,718. Revenue \$ 0.

Intra-program costs

Expenses \$ 8,151,957. including grants of \$ 8,151,957. Revenue \$ 0.

Form 990, Part VI, Section A, line 6:

The Organization has one class of voting Members. Members consist of the
former President/CEO, former Secretary and two individuals related to the
Founder.

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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Form 990, Part VI, Section A, line 7a:

The one class of voting Members of the Corporation elect or remove the
Directors of the Corporation.

Form 990, Part VI, Section A, line 7b:

The one class of voting Members of the Corporation propose and approve
amendments made to the Bylaws of the Corporation. In order for amendments
to the Bylaws to become effective, the same must be approved by an
affirmative vote of not less than 50% of the Members of the Corporation.

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

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 and Board for review and approval before filing with
the IRS.

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

Food for the Poor monitors and enforces compliance with the conflict of
interest policy through annual related party confirmations signed by
members of the board, officers, and by key employees. Executive Management
and HR review the signed statements. Should any potential conflicts of
interest be disclosed, the board member or officer would be asked to
refrain from participation in any deliberation or decision with regard to
matters affected by the relationship.

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

The board reviews comparability data and makes recommendations for approval

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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of the President's compensation package. The President makes recommendations to the board regarding compensation of other officers and key employees by using comparative market data. Deliberation regarding these decisions is recorded in the Board minutes.

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

AL, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

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

Food for the Poor makes its governing documents and conflict of interest policy available to the public upon request. The annual report contains a brief summary of the financial statements and the complete financial statements are made available upon request and on the Organization's website.

Form 990, Part IX, line 5:

The increase in compensation of current officers, directors, trustees, and key employees is a result of a change in executive leadership structure from 3 to 9 executive leadership team members.

Form 990, Part XI, line 9, Changes in Net Assets:

Losses on uncollectible pledges -1,040,276.

Form 990, Part XII, Line 2c

Food for the Poor has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of its

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Food For the Poor, Inc.	Taxpayer identification number (TIN) 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	
	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

Ray Barrett

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2019 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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.