

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2010

<b>Prepared for</b>	FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073-3602
<b>Prepared by</b>	RSM MCGLADREY, INC. 7351 OFFICE PARK PL MELBOURNE, FL 32940
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

**Product: Exempt**

**Category:**

**Name:** FOOD FOR THE POOR INC **IRS Center:** Ogden

**e-Postmark:** 05/26/2011 5:06:57 PM

**FEIN:** 59-2174510

**Notification:**

**Fiscal Year** 01/01/2010

**Fiscal Year** 12/31/2010

**Begin Date:**

**End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	05/19/2011	Upload Started			
	05/19/2011	Ready to Release by Customer			
	05/26/2011	Released for Transmission - Validation in Progress			BDeppe
	05/26/2011	Ready to transmit - Validation Complete			
	05/26/2011	Transmitted to FD	594667201114607e2e01		
	05/26/2011	Accepted by FD			

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2010

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FOOD FOR THE POOR, INC.	<b>D Employer identification number</b> 59-2174510
	Doing Business As	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6401 LYONS ROAD	<b>E Telephone number</b> 954-427-2222
	City or town, state or country, and ZIP + 4 COCONUT CREEK, FL 33073-3602	<b>G Gross receipts \$</b> 1,048,300,626.
<b>F Name and address of principal officer:</b> ROBIN G. MAHFOOD SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶
<b>J Website:</b> WWW.FOODFORTHEPOOR.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1982 <b>M State of legal domicile:</b> FL

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR THE BRIEF DESCRIPTION OF THE ORGANIZATION'S MISSION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	381
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	62
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	8,000.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-7,052.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,086,084,469.	1,046,978,905.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,701.	65,644.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,701.	70,538.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,086,183,871.	1,047,115,087.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,013,706,891.	986,154,736.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	19,393,600.	20,509,771.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,592,613.	1,486,888.	110,962.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	38,275,412.	44,054,382.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,072,862,791.	1,050,829,851.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	13,321,080.	-3,714,764.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	46,112,572.	39,602,242.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,817,317.	8,022,827.
		35,295,255.	31,579,415.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	ROBIN G. MAHFOOD, PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THERESA A. BURDINE	Preparer's signature <i>Theresa A. Burdine</i>	Date 6/1/11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ RSM MCGLADREY, INC.	Firm's EIN ▶			
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940	Phone no. 321-751-6200			

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

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

▶ **File a separate application for each return.**

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

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

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

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

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

Part I only

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

<b>Type or print</b>	Name of exempt organization <b>FOOD FOR THE POOR, INC.</b>	Employer identification number <b>59-2174510</b>
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. <b>6401 LYONS ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COCONUT CREEK, FL 33073-3602</b>	

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

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

**JEFF ALEXANDER**

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2010** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 658,842,384. including grants of \$ 658,842,384. ) (Revenue \$ ) HEALTHCARE - FOOD FOR THE POOR SHIPPED OVER 672 TRACTOR-TRAILER LOADS OF MEDICINES AND MEDICAL SUPPLIES THAT HELP MAINTAIN CLINICS, HOSPITALS AND NUTRITIONAL CENTERS TO PROVIDE MUCH NEEDED MEDICAL CARE TO THE POOREST OF THE POOR.

4b (Code: ) (Expenses \$ 209,507,428. including grants of \$ 209,507,195. ) (Revenue \$ ) BASIC NEEDS - FOOD FOR THE POOR DISTRIBUTES AID TO SUPPORT THE FEEDING, CLOTHING AND SHELTERING OF THE POOR. OVER 61 MILLION POUNDS OF FOOD, ENOUGH TO FEED MILLIONS OF MALNOURISHED CHILDREN AND THEIR FAMILIES WAS DISTRIBUTED IN 2010. WE HAVE BUILT OVER 9,460 HOMES FOR FAMILIES IN NEED OF ADEQUATE SHELTER AND SINCE OUR INCEPTION IN 1982, HAVE CONSTRUCTED OVER 71,100 HOMES FOR THE POOR.

4c (Code: ) (Expenses \$ 77,980,920. including grants of \$ 72,154,656. ) (Revenue \$ ) EDUCATION - FOOD FOR THE POOR PROVIDED OVER 400 TRACTOR-TRAILOR LOADS OF EDUCATIONAL FURNITURE, TEACHING MATERIALS AND OTHER SUPPLIES TO SCHOOLS, GIVING CHILDREN FROM DESTITUTE FAMILIES VALUABLE TOOLS FOR LEARNING.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 71,370,448. including grants of \$ 45,630,151. ) (Revenue \$ )

4e Total program service expenses 1,017,701,180.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Form 990 (2010)

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes/No, and numerical answers. Includes questions about Form 1096, Form W-2G, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and 501(c)(7), (12), and (29) organizations.



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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1a</b>			11
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>1b</b>			6
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>7b</b>			X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
<b>9</b>			X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>			
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>12c</b>			
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization		X
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	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
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  AL,  AZ,  AR,  CA,  CT,  DC,  FL,  GA,  IL,  IN,  KS,  KY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  \_\_\_\_\_  
 JEFF ALEXANDER - 954-427-2222  
 6401 LYONS ROAD, COCONUT CREEK, FL 33073

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBIN G MAHFOOD DIRECTOR, CEO, PRESIDENT	60.00	X		X	X	X		388,979.	0.	19,056.
ANGEL ALOMA EXECUTIVE DIRECTOR	60.00			X	X	X		211,000.	0.	9,035.
ALVARO J PEREIRA EXECUTIVE VP	40.00			X	X	X		70,563.	0.	752.
JOSE A SERRA INT'L PARTNERSHIP DIRECTOR	40.00					X		181,000.	0.	9,035.
MAURICE PIERRE-CHAVANNES FORMER INT'L OPERATIONS DIRECTOR	40.00					X		163,390.	0.	7,094.
DENNIS A NORTH CFO	40.00			X	X			151,846.	0.	9,035.
NATALIE F CARLISLE VP MAJOR GIVING	40.00					X		148,692.	0.	6,016.
MICHAEL ANTON PROJECTS DIRECTOR	40.00					X		133,169.	0.	17,712.
MARK A KHOURI GIK DIRECTOR	40.00					X		131,846.	0.	9,035.
DAVID PRICE SECRETARY & TREASURER	40.00			X				60,000.	0.	0.
BILL BENSON VICE CHAIRMAN	1.00	X						0.	0.	0.
GRACE BONINA DIRECTOR	1.00	X						0.	0.	0.
MOST REV PIERRE-ANDRE DUMAS DIRECTOR	1.00	X						0.	0.	0.
THE RT REV LEOPOLD FRADE DIRECTOR	1.00	X						0.	0.	0.
P TODD KENNEDY CHAIRMAN	1.00	X						0.	0.	0.
RHONDA MAINGOT DIRECTOR	1.00	X						0.	0.	0.
CARD RODRIGUEZ MARADIAGA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LYNNE G NASRALLAH DIRECTOR	1.00	X						0.	0.	0.
MSGR GREGORY RAMKISSOON DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								1,640,485.	0.	86,770.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,640,485.	0.	86,770.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 18

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 562,008.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 2,287,395.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 10,124,877.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,034,004,625.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	932,479,276.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	1,046,978,905.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	52,900.			52,900.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		86,250.					
		<b>b</b> Less: rental expenses .....	49,112.				
		<b>c</b> Rental income or (loss) .....	37,138.				
	<b>d</b> Net rental income or (loss) .....	▶	37,138.			37,138.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		813,711.					
		<b>b</b> Less: cost or other basis and sales expenses .....	800,967.				
		<b>c</b> Gain or (loss) .....	12,744.				
	<b>d</b> Net gain or (loss) .....	▶	12,744.			12,744.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,287,395. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 201,087.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 335,460.				
<b>c</b> Net income or (loss) from fundraising events .....		▶	-134,373.			-134,373.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> SPONSORSHIP .....	900099		139,675.			139,675.	
<b>b</b> MISCELLANEOUS REVENUE .....	900099		20,098.	20,098.			
<b>c</b> ADVERTISING REVENUE .....	541800		8,000.		8,000.		
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....	▶		167,773.				
<b>12 Total revenue.</b> See instructions. .....	▶		1,047,115,087.	20,098.	8,000.	108,084.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	398,440.	398,440.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	43.	43.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	985,756,253.	985,756,253.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	942,418.	103,581.	838,837.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,239,960.	5,986,922.	3,111,152.	6,141,886.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	278,205.	94,125.	74,180.	109,900.
9 Other employee benefits	2,860,497.	1,038,532.	583,547.	1,238,418.
10 Payroll taxes	1,188,691.	433,252.	278,935.	476,504.
11 Fees for services (non-employees):				
a Management				
b Legal	21,672.		21,672.	
c Accounting	61,891.		61,891.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	110,962.			110,962.
f Investment management fees	1,343.		1,343.	
g Other	367,671.	155,417.	71,180.	141,074.
12 Advertising and promotion	11,536,606.	265,619.	6,216.	11,264,771.
13 Office expenses	5,737,093.	139,168.	296,955.	5,300,970.
14 Information technology	218,514.	11,409.	161,100.	46,005.
15 Royalties				
16 Occupancy	408,872.	162,360.	153,885.	92,627.
17 Travel	1,968,700.	1,378,684.	85,923.	504,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,814.	26,647.	5,415.	15,752.
20 Interest	84,728.	35,456.	33,760.	15,512.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	578,757.	133,293.	445,464.	
23 Insurance	158,880.		157,507.	1,373.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FREIGHT	21,448,790.	21,359,585.	4,172.	85,033.
b UNCOLLECTIBLE PLEDGES	680,633.		680,633.	
c MISCELLANEOUS	582,066.	72,042.	462,291.	47,733.
d PROGRAM EXPENSE	150,352.	150,352.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,050,829,851.	1,017,701,180.	7,536,058.	25,592,613.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	10,803,586.	6,067,338.	740,604.	3,995,644.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,502,991.	<b>1</b>	9,681,931.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,665,303.	<b>3</b>	1,552,887.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	178,213.	<b>7</b>	216,752.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	270,534.	<b>9</b>	175,704.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 19,988,783.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,349,283.	16,800,527.	<b>10c</b> 16,639,500.
	<b>11</b> Investments - publicly traded securities .....	68,023.	<b>11</b>	239,722.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	18,626,981.	<b>15</b>	11,095,746.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	46,112,572.	<b>16</b>	39,602,242.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,291,759.	<b>17</b>	4,221,359.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,525,558.	<b>23</b>	3,801,468.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,817,317.	<b>26</b>	8,022,827.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	35,262,008.	<b>27</b>	31,551,255.
	<b>28</b> Temporarily restricted net assets .....	33,247.	<b>28</b>	28,160.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	35,295,255.	<b>33</b>	31,579,415.
	<b>34</b> Total liabilities and net assets/fund balances .....	46,112,572.	<b>34</b>	39,602,242.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,047,115,087.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,050,829,851.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,714,764.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	35,295,255.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-1,076.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	31,579,415.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form **990** (2010)





**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	861,623,368.	1034671708.	1513923690.	1086334279.	1046978905.	5543531950.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	861,623,368.	1034671708.	1513923690.	1086334279.	1046978905.	5543531950.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						5543531950.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	861,623,368.	1034671708.	1513923690.	1086334279.	1046978905.	5543531950.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	128,759.	160,816.	116,644.	110,366.	139,150.	655,735.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,312.	9,711.	4,675.	2,900.	8,000.	30,598.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						5544218283.
12 Gross receipts from related activities, etc. (see instructions)					12	861,598.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.99 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 33,934,722.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 28,954,965.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,751,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 97,753,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 78,998,516.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 93,339,154.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FOOD FOR THE POOR, INC.

59-2174510

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 359,997,215.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 25,614,512.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PHARMACEUTICALS, MEDICAL SUPPLIES, SHOES	\$ 33,934,722.	12/31/10
2	PHARMACEUTICALS, SHOES, MEDICAL SUPPLIES	\$ 28,954,965.	12/31/10
3	PHARMACEUTICALS AND MEDICAL SUPPLIES	\$ 50,751,440.	12/31/10
4	FOOD, BLANKETS, CLOTHING, PERSONAL CARE ITEMS, MEDICAL AND EDUCATIONAL SUPPLIES	\$ 97,753,926.	12/31/10
5	PHARMACEUTICALS	\$ 78,998,516.	12/31/10
6	FOOD, CLOTHING, FURNITURE, PERSONAL CARE ITEMS, HOUSEHOLD AND EDUCATIONAL ITEMS, BUILDING SUPPLIES	\$ 93,339,154.	12/31/10

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

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	<u>PHARMACEUTICALS, MEDICAL SUPPLIES,</u> <u>FOOD, SHOES AND EDUCATIONAL SUPPLIES</u> <hr/> <hr/>	\$ <u>359,997,215.</u>	<u>12/31/10</u>
8	<u>SHOES, MEDICAL EQUIPMENT AND SUPPLIES,</u> <u>DENTAL SUPPLIES, CLOTHING, FOOD</u> <hr/> <hr/>	\$ <u>25,614,512.</u>	<u>12/31/10</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**  
**Open to Public Inspection**

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,140,388.		6,140,388.
b Buildings		9,860,818.	862,367.	8,998,451.
c Leasehold improvements		625,977.	109,546.	516,431.
d Equipment		2,714,976.	1,988,822.	726,154.
e Other		646,624.	388,548.	258,076.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,639,500.

**Part VII Investments - Other Securities.** 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) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) DONATED GOODS - IN TRANSIT	11,046,688.
(2) DEP, EMPLOYEE LOANS, MISC REC	49,058.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	11,095,746.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,047,115,087.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,050,829,851.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,714,764.
4	Net unrealized gains (losses) on investments	4	-1,076.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-1,076.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,715,840.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,047,498,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,076.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-1,076.
3	Subtract line 2e from line 1	3	1,047,499,659.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-384,572.
c	Add lines 4a and 4b	4c	-384,572.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,047,115,087.

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

1	Total expenses and losses per audited financial statements	1	1,051,214,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	384,572.
e	Add lines 2a through 2d	2e	384,572.
3	Subtract line 2e from line 1	3	1,050,829,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,050,829,851.

**Part XIV Supplemental Information**

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

PART X, LINE 2: FIN 48 FINANCIAL STATEMENT FOOTNOTE:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS EXEMPT FROM FEDERAL TAXES

AS AN ORGANIZATION EXCEPT THAT UNRELATED BUSINESS INCOME IS TAXABLE. THE

ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME TAX DURING THE

YEAR ENDED DECEMBER 31, 2010.

PART XII, LINE 4B:

**Part XIV** Supplemental Information *(continued)*

RENTAL EXPENSES \$(49,112)

EVENT EXPENSES \$(335,460)

PART XIII, LINE 2D:

RENTAL EXPENSES \$49,112

EVENT EXPENSES \$335,460

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

**Open to Public  
Inspection**

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES, GRANTMAKING	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, GENERAL SUPPORT, FOOD, MEDICAL SUPPLIES,	909,010,284.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PHARMACEUTICALS	1,563,111.
NORTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	FURNITURE, CLOTHING, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	9,860,084.
SOUTH AMERICA	0	0	PROGRAM SERVICES, GRANTMAKING	PHARMACEUTICALS, BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING SUPPLIES, CLOTHING,	60,373,181.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PHARMACEUTICALS	4,940,710.
<b>3 a Sub-total</b> .....	0	0			985,747,370.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals (add lines 3a and 3b)</b> .....	0	0			985,747,370.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2010

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  
 Part II can be duplicated if additional space is needed. X

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.		33,221.	FURNITURE, MEDICAL SUPPLIES, RELIGIOUS ITEMS, FOOD	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,028,099.	CLOTHING, EDUCATIONAL FURNITURE AND SUPPLIES, FOOD,	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,000.		41,294.	GENERAL SUPPORT, FOOD	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,358.	CHECK OR WIRE TRANSFER	1,802,704.	GENERAL SUPPORT, FOOD, BOOKS, CLOTHING, BUILDING	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		314,400.	PHARMACEUTICALS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	84,899.	CHECK OR WIRE TRANSFER	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,102,167.	PHARMACEUTICALS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		16,299.	GENERAL SUPPORT	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 70

3 Enter total number of other organizations or entities 70

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	9,500.00.	CHECK OR WIRE TRANSFER	0.		
			SOUTH AMERICA	CHARITABLE AID	0.		471,600.	PHARMACEUTICALS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,614,729.	GENERAL SUPPORT, BOOKS	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		637,632.	PHARMACEUTICALS	FMV
			EAST ASIA AND THE PACIFIC -	CHARITABLE AID	0.		1,563,111.	PHARMACEUTICALS	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		10,808.	GENERAL SUPPORT, RELIGIOUS ITEMS, TEXTBOOKS	FMV
			SUB-SAHARAN AFRICA	CHARITABLE AID	0.		4,940,710.	PHARMACEUTICALS	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT	CHARITABLE AID	0.		266,574.	MEDICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.			OFFICE EQUIPMENT, TEXTBOOKS, VEHICLE, DEVELOPMENT	FMV
				CHARITABLE AID	0.		32,000.	DEVELOPMENT	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	4,062,394.	CHECK OR WIRE TRANSFER	19,791,971.	GENERAL SUPPORT, FOOD, VEHICLE PARTS, CLOTHING, MEDICAL SUPPLIES, FMV	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		128,922.	GENERAL SUPPORT FMV	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		4,176,394.	MEDICAL SUPPLIES AND EQUIPMENT, PHARMACEUTICALS FMV	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		628,800.	PHARMACEUTICALS FMV	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	655,878.	CHECK OR WIRE TRANSFER	294.	OFFICE FURNITURE FMV	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		565,525.	PHARMACEUTICALS FMV	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		7,174,247.	PHARMACEUTICALS FMV	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		448,849.	GENERAL SUPPORT, FOOD, CLOTHING, VEHICLE, MEDICAL SUPPLIES AND FMV	FMV
			SOUTH AMERICA	CHARITABLE AID	0.		209,600.	PHARMACEUTICALS FMV	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)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,492,498.	MEDICAL SUPPLIES AND EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,431,954.	BOOKS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		5,452.	RELIGIOUS ITEMS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,024.	VEHICLE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		13,863.	GENERAL SUPPORT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	42,738.	CHECK OR WIRE TRANSFER	8,176,921.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		18,346,608.	BUILDING SUPPLIES, CLOTHING, EDUCATIONAL	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		24,344,916.	GENERAL SUPPORT, MEDICAL SUPPLIES, PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		862,385.	GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND 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)									
(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.		4,437,866.	BUILDING SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		2,822,116.	BUILDING SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT,	FMV	
		SOUTH AMERICA	CHARITABLE AID	0.		1,140,326.	PHARMACEUTICALS	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		4,957,133.	CLOTHING, COMPUTER EQUIPMENT AND SUPPLIES, FOOD,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		3,892,262.	GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	344,919.		44,504,296.	BUILDING SUPPLIES, CLOTHING, COMPUTER	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,713,988.	MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,739,510.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV	
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	452,194.	CHECK OR WIRE TRANSFER	63,564,240.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		156,647,719.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
			SOUTH AMERICA	CHARITABLE AID	1,185,097.		50,460,359.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		13,127.	GENERAL SUPPORT	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID		CHECK OR WIRE	90,589,923.	GENERAL SUPPORT, BUILDING MATERIALS AND SUPPLIES, FOOD.	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	11,185,425.	TRANSFER		GENERAL SUPPORT, VEHICLE, BUILDING MATERIALS AND SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,156,049.	EDUCATIONAL FURNITURE AND SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		9,145.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	3,970.	CHECK OR WIRE	72,557,944.	EDUCATIONAL SUPPLIES, BUILDING	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		9,890,884.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		6,576,148.	GENERAL SUPPORT, FOOD, CLOTHING, FURNITURE, MEDICAL SUPPLIES,	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,696,116.	CHECK OR WIRE TRANSFER	58,686,282.	BUILDING SUPPLIES, CLOTHING, DEVELOPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	4,524,991.	CHECK OR WIRE TRANSFER	141,460,947.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT	CHARITABLE AID	0.		9,593,510.	CLOTHING, GENERAL SUPPORT, MEDICAL SUPPLIES/EQUIPMENT PHARMACEUTICALS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	2,076,124.	CHECK OR WIRE TRANSFER	113,525,578.	BOOKS OR OTHER EDUCATIONAL SUPPLIES, BUILDING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		5,024.	VEHICLE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		1,257,600.	GENERAL SUPPORT, PHARMACEUTICALS	FMV
		SOUTH AMERICA	CHARITABLE AID	0.		1,140,935.	MEDICAL SUPPLIES AND EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		278,325.	MEDICAL SUPPLIES AND EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,276.	CHECK OR WIRE TRANSFER	4,862,129.	CLOTHING, COMPUTER EQUIPMENT AND OTHER SUPPLIES,	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(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.		44,949.	GENERAL SUPPORT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		9,302.	BUILDING MATERIALS AND SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.		31,298.	GENERAL SUPPORT, VEHICLE	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	74,835.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	24,000.	CHECK OR WIRE TRANSFER	0.		



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2010



**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

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

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

CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

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

PHARMACEUTICALS, BUILDING SUPPLIES, DEVELOPMENT EQUIPMENT AND MATERIALS,

RELIGIOUS SUPPLIES/EQUIPMENT, COMPUTER EQUIPMENT, FURNITURE, MOTOR

VEHICLES

REGION: NORTH AMERICA

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

SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE,

PHARMACEUTICALS

REGION: SOUTH AMERICA

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

OTHER EDUCATIONAL SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT

EQUIPMENT AND MATERIALS OR SUPPLIES, EDUCATIONAL FURNITURE AND SUPPLIES,

FOOD, FURNITURE, GENERAL SUPPORT, MECHANICAL EQUIPMENT AND OTHER

SUPPLIES, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, MOTOR

VEHICLES, OFFICE FURNITURE/EQUIPMENT AND SUPPLIES, RELIGIOUS

SUPPLIES/EQUIPMENT

PART II, COLUMN (H):

**Part V** Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: GENERAL SUPPORT, FOOD, BOOKS, CLOTHING, BUILDING MATERIALS AND SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: OFFICE EQUIPMENT, TEXTBOOKS, VEHICLE, DEVELOPEMENT EQUIPMENT AND SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

(H) DESCRIPTION OF NON-CASH ASSISTANCE: GENERAL SUPPORT, FOOD, VEHICLE PARTS, CLOTHING, MEDICAL SUPPLIES, BUILDING MATERIALS AND SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

**Part V** Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

EDUCATIONAL FURNITURE AND SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND

FURNITURE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FURNITURE, GENERAL SUPPORT, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND

FURNITURE.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

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

FURNITURE, PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SUPPLIES, MEDICAL EQUIPMENT AND FURNITURE, PHARMACEUTICALS.

**Part V Supplemental Information**

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

REGION: SOUTH AMERICA

**Part V** Supplemental Information

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

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

SUPPLIES, BUILDING SUPPLIES, CLOTHING, DEVELOPMENT

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

GENERAL SUPPORT, MECHANICAL EQUIPMENT AND OTHER SUPPLIES, MEDICAL

SUPPLIES/EQUIPMENT/FURNITURE, MOTOR VEHICLES, OFFICE

FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT.

REGION: CENTRAL AMERICA AND THE CARIBBEAN -

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

MATERIALS AND SUPPLIES, FOOD, VEHICLE PARTS, DEVELOPMENT EQUIPMENT AND

SUPPLIES, BOAT/TRAILER AND PARTS, CLOTHING, OFFICE EQUIPMENT AND

FURNITURE, MEDICAL SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

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

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

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

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

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

FURNITURE, MEDICAL SUPPLIES, MEDICAL EQUIPMENT, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE AND

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

OTHER SUPPLIES, MEDICAL SUPPLIES/EQUIPMENT/FURNITURE, PHARMACEUTICALS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

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

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

OFFICE FURNITURE/EQUIPMENT/SUPPLIES, PHARMACEUTICALS, RELIGIOUS

SUPPLIES/EQUIPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SUPPLIES, BUILDING SUPPLIES, CLOTHING, COMPUTER EQUIPMENT AND OTHER

SUPPLIES, DEVELOPMENT EQUIPMENT/MATERIALS/SUPPLIES, EDUCATIONAL FURNITURE

AND SUPPLIES, FOOD, FURNITURE, GENERAL SUPPORT, MEDICAL

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

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

PHARMACEUTICALS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

OTHER SUPPLIES, FOOD, GENERAL SUPPORT, MEDICAL

SUPPLIES/EQUIPMENT/FURNITURE.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA - BOCA GRANDE SP1003 (event type)	GALA - BOCA SP1006 (event type)	10 (total number)	
Revenue	<b>1</b> Gross receipts .....	406,235.	382,418.	1,699,829.	2,488,482.
	<b>2</b> Less: Charitable contributions .....	397,373.	347,218.	1,542,804.	2,287,395.
	<b>3</b> Gross income (line 1 minus line 2) .....	8,862.	35,200.	157,025.	201,087.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		1,800.		1,800.
	<b>7</b> Food and beverages .....	5,004.	34,060.		39,064.
	<b>8</b> Entertainment .....		2,192.		2,192.
	<b>9</b> Other direct expenses .....	3,331.	13,157.	275,916.	292,404.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 335,460 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-134,373.

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

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

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

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

**b** If "No," explain: \_\_\_\_\_

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(h) Purpose of grant or assistance
COASTAL COMMUNITY CHURCH 5235 NW 54TH STREET COCONUT CREEK, FL 33073	26-3237585	501(C)(3)	0.	3,414.	FAIR MARKET VALUE	EDUCATIONAL FURNITURE AND SUPPLIES	CHARITABLE AID
THE CENTER FOR FAMILY SERVICES 4101 PARKER AVENUE WEST PALM BEACH, FL 33405	59-1084179	501(C)(3)	0.	1,929.	FAIR MARKET VALUE	FOOD	CHARITABLE AID
CHRISTIAN REVIVAL CENTER 2020 BULL STREET SAVANNAH, GA 31401	42-1674628	501(C)(3)	0.	252,268.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID
NEW HOPE CHARITIES 7450 STATE ROAD 15 PAHOKEE, FL 33476	65-0128327	501(C)(3)	0.	46,644.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID
THE LORDS PLACE 2808 N. AUSTRALIAN AVE WEST PALM BEACH, FL 31348	59-2240502	501(C)(3)	0.	55,045.	FAIR MARKET VALUE	GENERAL SUPPORT	CHARITABLE AID
ST. BARTHOLOMEW CHURCH 1761 NW 107TH AVE PEMBROKE PINES, FL 33026	59-0991188	501(C)(3)	0.	336.	FAIR MARKET VALUE	OFFICE FURNITURE/EQUIP	CHARITABLE AID

- 2** Enter total number of section 501(c)(3) and government organizations: **10.**
- 3** Enter total number of other organizations: **10.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**



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

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

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

SCHEDULE I, PART I, LINE 2: FEEDBACK REPORTS ARE RECEIVED DETAILING HOW  
 GOODS AND GRANTS ARE USED IN THE FIELD. EMAILS, PHONE CALLS AND OTHER  
 CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2010**

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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 in 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBIN G MAHFOOD	(i)	387,979.	1,000.	0.	25,346.	414,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 ANGEL ALOMA	(i)	210,000.	1,000.	6,300.	11,103.	228,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 JOSE A SERRA	(i)	180,000.	1,000.	0.	11,115.	192,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 PIERRE-CHAVANNES MAURICE	(i)	163,390.	0.	0.	8,538.	171,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 DENNIS A NORTH	(i)	150,846.	1,000.	4,525.	10,947.	167,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 NATALIE F CARLISLE	(i)	147,692.	1,000.	3,323.	7,210.	159,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 MICHAEL ANTON	(i)	132,169.	1,000.	4,225.	19,412.	156,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

**Open to Public  
Inspection**

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a) Check if applicable</b>	<b>(b) Number of contributions or items contributed</b>	<b>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining noncash contribution amounts</b>
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		57,992,800.	WHOLESALE VALUE
5	Clothing and household goods	X		144,551,798.	WHOLESALE VALUE
6	Cars and other vehicles	X	6	223,574.	WHOLESALE VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	383	46,522,039.	WHOLESALE VALUE
20	Drugs and medical supplies	X	586	618,365,392.	WHOLESALE - SEE SCH O
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( GEN SUPPORT )	X	352	64,823,673.	WHOLESALE VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

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

Schedule M (Form 990) (2010)

**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.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

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

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

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

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

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

COMMUNITY SUPPORT & DEVELOPMENT

EXPENSES \$ 71,370,448. INCLUDING GRANTS OF \$ 45,630,151. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: AN INITIAL DRAFT OF THE FORM 990 IS

REVIEWED BY THE PRESIDENT, CFO AND CONTROLLER FOR ACCURACY BEFORE THE

RETURN IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO THE AUDIT

COMMITTEE FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE TAX-EXEMPT ORGANIZATION

MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

THROUGH ANNUAL RELATED PARTY CONFIRMATIONS SIGNED BY MEMBERS OF THE BOARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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

AND BY KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15A: A SUBCOMMITTEE OF THE BOARD REVIEWS

COMPARABILITY DATA AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL

OF THE PRESIDENT'S COMPENSATION PACKAGE. THE PRESIDENT MAKES

RECOMMENDATIONS TO THE BOARD REGARDING COMPENSATION OF OTHER KEY EMPLOYEES

AS A PART OF THE ANNUAL BUDGETARY PROCESS.

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

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE TAX-EXEMPT ORGANIZATION MAKES

ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE

PUBLIC UPON REQUEST. THE ANNUAL REPORT CONTAINS A BRIEF SUMMARY OF THE

FINANCIAL STATEMENTS AND THE COMPLETE FINANCIAL STATEMENTS ARE MADE

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,076.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

FORM 990, SCHEDULE M, LINE 20

METHOD OF DETERMINING NONCASH CONTRIBUTION AMOUNT

PHARMACEUTICAL GIK CONTRIBUTIONS ARE VALUED AT THEIR APPROXIMATE

Name of the organization FOOD FOR THE POOR, INC.	Employer identification number 59-2174510
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WHOLESALE VALUE AS PUBLISHED BY THE UNITED STATES PHARMACEUTICAL  
INDUSTRY. PHARMACEUTICAL GIK CONTRIBUTIONS ACQUIRED FROM NON-US  
DONORS FOR PRODUCTS LEGALLY PERMISSIBLE TO BE SOLD OUTSIDE OF THE  
UNITED STATES ARE VALUED BASED UPON THE WHOLESALE MARKET PRICE IN THE  
COUNTRIES REPRESENTING THE PRINCIPAL EXIT MARKETS FOR THOSE  
PRODUCTS.