

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

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

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

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

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

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

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

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

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Food For the Poor, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6401 Lyons Road City or town, state or province, country, and ZIP or foreign postal code Coconut Creek, FL 33073-3602 F Name and address of principal officer: Robin G. Mahfood same as C above	D Employer identification number 59-2174510 E Telephone number 954-427-2222 G Gross receipts \$ 944,365,913. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ www.foodforthepeople.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1982		M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To provide aid as to improve the health, economic, social, and spiritual conditions of the poor.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	428
	6	Total number of volunteers (estimate if necessary)	6	182
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,250.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	-76,254.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	947,061,325.	941,949,169.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,990.	115,148.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,544.	54,626.
			947,679,859.	942,118,943.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	873,331,052.	870,486,333.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,335,084.	26,698,639.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	568,161.	650,787.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,682,999.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,143,089.	54,768,864.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	949,377,386.	952,604,623.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,697,527.	-10,485,680.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	41,577,689.	32,003,725.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,325,061.	6,238,116.
		36,252,628.	25,765,609.	

Part II Signature Block

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

Sign Here	Signature of officer Robin G. Mahfood, President Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name Ted R. Batson, Jr.	Preparer's signature 	Date 6/24/2019	Check if self-employed <input type="checkbox"/>	PTIN P00721951
	Firm's name ▶ Capin Crouse LLP Firm's address ▶ 1255 Lakes Parkway, Suite 130 Lawrenceville, GA 30043	Firm's EIN ▶ 36-3990892 Phone no. 678-518-5301			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 554,973,977. including grants of \$ 554,973,985.) (Revenue \$) Healthcare - Food For The Poor shipped over 611 trailer loads of medicines, medical supplies, and equipment that help maintain clinics, hospitals, and medical-care centers to provide much needed medical care to poverty-stricken children and families.

4b (Code:) (Expenses \$ 183,129,749. including grants of \$ 183,133,412.) (Revenue \$) Basic needs - Food For The Poor distributes aid to support the feeding, clothing, and sheltering of the poor. In 2018, over 25 million meals per month were distributed to feed malnourished children and their families. We have built 4,253 new homes for families in need of adequate shelter in 2018 and since our inception in 1982, have constructed over 83,557 homes for the poor.

4c (Code:) (Expenses \$ 87,127,786. including grants of \$ 86,885,562.) (Revenue \$) Community support & development - Water wells, agricultural tools, seeds, training and other grants were distributed enabling entire communities to grow their own food. Aquaculture ponds, fishing villages, fruit tree nurseries, animal husbandry projects and other programs we have funded give the poor fresh hope for a better tomorrow.

4d Other program services (Describe in Schedule O.) (Expenses \$ 72,640,377. including grants of \$ 45,493,374.) (Revenue \$)

4e Total program service expenses 897,871,889.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robin G. Mahfood Director, CEO, President	60.00	X		X				445,463.	0.	24,191.
(2) P.Todd Kennedy Chairman	1.00	X		X				0.	0.	0.
(3) Bill Benson Vice-Chairman/Treasurer	1.00	X		X				0.	0.	0.
(4) Grace Bonina Director	1.00	X						0.	0.	0.
(5) The Rt Rev Leopold Frade Director	1.00	X						0.	0.	0.
(6) Rhonda Maingot Director	1.00	X						0.	0.	0.
(7) Card Rodriguez Maradiaga Director	1.00	X						0.	0.	0.
(8) Most Rev. Burchell McPherson Director	1.00	X						0.	0.	0.
(9) Lynne G. Nasrallah Director	1.00	X						0.	0.	0.
(10) Very Rev Mon Gregory Ramkissoon Director	1.00	X						0.	0.	0.
(11) Angel Aloma Executive Director	60.00			X				275,008.	0.	19,567.
(12) David Price Secretary	40.00			X				84,000.	0.	0.
(13) Dennis A. North CFO	40.00			X				183,808.	0.	16,937.
(14) Mark Khouri Vice President	40.00			X				208,729.	0.	18,869.
(15) Edward Raine Executive VP	40.00				X			228,729.	0.	19,468.
(16) Alvaro J. Pereira Speakers Director	40.00					X		232,610.	0.	18,401.
(17) Natalie F. Carlisle Major Gifts Director	40.00					X		198,623.	0.	14,437.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michael Anton Projects Director	40.00					X	156,040.	0.	26,937.	
(19) Arthur Goldklang Shipping Director	40.00					X	155,581.	0.	15,811.	
(20) Frederick Khouri COO	40.00					X	153,290.	0.	16,430.	
1b Sub-total							2,321,881.	0.	191,048.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,321,881.	0.	191,048.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Perlman & Perlman LLP, 41 Madison Ave, Suite 4000, New York, NY 10010-2202	Legal Services	796,455.
One & All Inc., 2 North Lake Avenue, Suite 600, Pasadena, CA 91101	TV Production & Consulting	202,493.
Hamaty Bird Law, P.A. 6900 NW 83rd Terrace, Parkland, FL 33067	Legal Services	113,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 186,460.				
	b Membership dues	1b				
	c Fundraising events	1c 1,108,458.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 12,373,013.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 928,281,238.				
	g Noncash contributions included in lines 1a-1f: \$	802,004,114.				
	h Total. Add lines 1a-1f	▶ 941,949,169.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 85,994.			85,994.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	93,750.			
		(ii) Personal				
		b Less: rental expenses	66,980.			
		c Rental income or (loss)	26,770.			
	d Net rental income or (loss)	▶ 26,770.			26,770.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,697,364.			
		(ii) Other	60,100.			
		b Less: cost or other basis and sales expenses	1,705,413.	22,897.		
		c Gain or (loss)	-8,049.	37,203.		
	d Net gain or (loss)	▶ 29,154.			29,154.	
	8 a Gross income from fundraising events (not including \$ 1,108,458. of contributions reported on line 1c). See Part IV, line 18	a	125,992.			
		b Less: direct expenses	362,184.			
c Net income or (loss) from fundraising events		▶ -236,192.			-236,192.	
9 a Gross income from gaming activities. See Part IV, line 19	a	334,839.				
	b Less: direct expenses	89,496.				
	c Net income or (loss) from gaming activities	▶ 245,343.			245,343.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a Miscellaneous Revenue		900099	9,455.		9,455.	
	b Advertising Revenue	541800	9,250.	9,250.		
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d	▶	18,705.				
12 Total revenue. See instructions	▶	942,118,943.	0.	9,250.	160,524.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,824,697.	8,824,697.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	861,661,636.	861,661,636.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,540,923.		1,540,923.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	197,727.	80,538.	95,035.	22,154.
7 Other salaries and wages	19,162,449.	3,432,555.	3,907,352.	11,822,542.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	362,004.	73,903.	79,774.	208,327.
9 Other employee benefits	3,954,971.	717,387.	816,086.	2,421,498.
10 Payroll taxes	1,480,565.	261,704.	358,671.	860,190.
11 Fees for services (non-employees):				
a Management	25,883.		10,263.	15,620.
b Legal	635,403.		635,403.	
c Accounting	68,475.		68,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	650,787.			650,787.
f Investment management fees	2,192.		2,192.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	16,123,640.	28,864.	32,711.	16,062,065.
13 Office expenses	10,882,738.	180,552.	1,483,688.	9,218,498.
14 Information technology	666,940.	19,473.	524,404.	123,063.
15 Royalties				
16 Occupancy	478,433.	216,103.	114,528.	147,802.
17 Travel	2,240,720.	180,532.	160,788.	1,899,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,313.	11.	10,713.	46,589.
20 Interest	60,237.		60,237.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	678,942.	126,052.	468,855.	84,035.
23 Insurance	203,320.		202,629.	691.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Freight	21,889,488.	21,794,444.	7,097.	87,947.
b Uncollectible pledges	331,051.		331,051.	
c				
d				
e All other expenses	424,089.	273,438.	138,860.	11,791.
25 Total functional expenses. Add lines 1 through 24e	952,604,623.	897,871,889.	11,049,735.	43,682,999.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	22,951,252.	2	7,519,217.
	3 Pledges and grants receivable, net	1,182,456.	3	3,338,917.
	4 Accounts receivable, net	32,500.	4	146,447.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	6,089.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,059,751.	9	1,064,733.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,877,010.		
	b Less: accumulated depreciation	10b 6,027,194.	15,486,333.	10c 14,849,816.
	11 Investments - publicly traded securities	578,004.	11	286,083.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	281,304.	15	4,798,512.
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,577,689.	16	32,003,725.	
Liabilities	17 Accounts payable and accrued expenses	5,325,061.	17	5,738,116.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	500,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,325,061.	26	6,238,116.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,819,743.	27	24,286,815.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,432,885.	29	1,478,794.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	36,252,628.	33	25,765,609.
34 Total liabilities and net assets/fund balances	41,577,689.	34	32,003,725.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	942,118,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	952,604,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,485,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,252,628.
5	Net unrealized gains (losses) on investments	5	-1,339.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,765,609.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	912,481,440.	1157509481.	993,729,983.	947,061,325.	941,949,169.	4952731398.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	912,481,440.	1157509481.	993,729,983.	947,061,325.	941,949,169.	4952731398.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4952731398.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	912,481,440.	1157509481.	993,729,983.	947,061,325.	941,949,169.	4952731398.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	114,416.	126,612.	106,167.	132,467.	179,744.	659,406.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	790,079.	1,209,569.	1,075,652.	1,467,007.	470,286.	5,012,593.
11 Total support. Add lines 7 through 10						4958403397.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.89 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

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

Fundraising events

2014 Amount: \$ 128,104.

2015 Amount: \$ 189,566.

2016 Amount: \$ 76,534.

2017 Amount: \$ 197,629.

2018 Amount: \$ 125,992.

Gaming activities

2014 Amount: \$ 661,975.

2015 Amount: \$ 1,020,003.

2016 Amount: \$ 999,118.

2017 Amount: \$ 1,258,425.

2018 Amount: \$ 334,839.

Other income

2017 Amount: \$ 10,953.

2018 Amount: \$ 9,455.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Food For the Poor, Inc.

Employer identification number

59-2174510

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 238,324,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 136,080,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 126,786,633.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 53,732,316.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 47,699,321.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 39,928,169.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 19,353,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Pharmaceuticals and assorted medical supplies	\$ 238,324,450.	12/31/18
2	Clothing, household items, shoes, personal care items, food, building supplies, medical supplies	\$ 136,065,455.	12/31/18
3	Pharmaceuticals and assorted medical supplies	\$ 126,786,633.	12/31/18
4	Clothing, food, household items, tiles, paint, assorted household items and medical supplies	\$ 53,732,316.	12/31/18
5	Pharmaceuticals, medical supplies, medical furniture, medical equipment, books and textbooks	\$ 47,699,321.	12/31/18
6	Pharmaceuticals and assorted medical supplies	\$ 39,928,169.	12/31/18

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Rice, soy and vegetable meals _____ _____ _____	\$ 19,321,597.	12/31/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

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

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

Yes No

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

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

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

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

(i) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	226,146.	193,225.	29,149.	28,672.	
b Contributions			154,767.		25,000.
c Net investment earnings, gains, and losses	-16,466.	32,921.	9,309.	477.	3,672.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	209,680.	226,146.	193,225.	29,149.	28,672.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,140,388.		6,140,388.
b Buildings		11,054,232.	3,274,794.	7,779,438.
c Leasehold improvements				
d Equipment		3,436,085.	2,669,596.	766,489.
e Other		246,305.	82,804.	163,501.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,849,816.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Goods pending distribution	4,787,574.
(2) Other assets	5,284.
(3) Security deposits	5,654.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,798,512.

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	942,636,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,339.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	518,660.
e	Add lines 2a through 2d	2e	517,321.
3	Subtract line 2e from line 1	3	942,118,943.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	942,118,943.

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

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

1	Total expenses and losses per audited financial statements	1	953,123,283.
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 XIII.)	2d	518,660.
e	Add lines 2a through 2d	2e	518,660.
3	Subtract line 2e from line 1	3	952,604,623.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	952,604,623.

Part XIII Supplemental Information.

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

Part V, line 4:

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

Part X, Line 2:

The Organization is a not-for-profit organization and a public charity, as described in Section 501(c)(3) and 509(a)(1) of the Internal Revenue Code, and exempt from Federal income taxes, except that unrelated business income is taxable. The Organization had no unrelated business income tax during the year ended December 31, 2018.

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

Part XIII Supplemental Information (continued)

recognize a tax liability (or asset) if the Organization has taken an uncertain tax position that more likely than not would not be sustainable upon examination by taxing authorities. Management has analyzed the tax positions taken and has concluded that as of December 31, 2018, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. If the Organization were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Organization is no longer subject to income tax examinations for the years prior to 2015.

Part XI, Line 2d - Other Adjustments:

Donated life insurance cash surrender value	
Fundraising event expense	451,680.
Rental expense	66,980.
Total to Schedule D, Part XI, Line 2d	518,660.

Part XII, Line 2d - Other Adjustments:

Fundraising event expense	451,680.
Rental expense	66,980.
Total to Schedule D, Part XII, Line 2d	518,660.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Grantmaking		831,034,067.
Sub-Saharan Africa	0	0	Grantmaking		72,780.
South America	0	0	Grantmaking		30,554,789.
3 a Subtotal	0	0			861,661,636.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			861,661,636.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		4,911,841.	Clothing, footwear, household, food, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,000.	Community support and development	FMV
		Central America and the Caribbean	Charitable Aid	4,803,003.	Check or Wire Transfer	22,943,480.	Medical supplies & furniture, clothing, household,	FMV
		Central America and the Caribbean	Charitable Aid	7,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		272,315.	Personal hygiene, clothing, household, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	45,653.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		5,744.	Candles	FMV
		Central America and the Caribbean	Charitable Aid	1,119.	Check or Wire Transfer	39,955.	Food, books, school supplies, household items, diapers, building	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 ▶ 66

3 Enter total number of other organizations or entities ▶ 0

See Part V for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	0.		10,000.	Ambulance	FMV
		Central America and the Caribbean	Charitable Aid	0.		2,258,879.	Household, medical equipment, medical	FMV
		Central America and the Caribbean	Charitable Aid	5,515,716.	Check or Wire Transfer	50,510,189.	Food, clothing, shelter, water, sanitation	FMV
		Central America and the Caribbean	Charitable Aid	141,028.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	28,209.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	998.	Check or Wire Transfer	4,850,221.	Household, medical supplies, medical equipment,	FMV
		Central America and the Caribbean	Charitable Aid	47,623.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	8,708.	Check or Wire Transfer	10,200.	Clothing, footwear, household, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		3,904,618.	Computers, food, clothing, wheelchairs, household items	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	19,539.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	13,668.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	3,070,032.	Check or Wire Transfer	52,686,898.	Music supplies, clothing, recreational supplies,	FMV
		Central America and the Caribbean	Charitable Aid	152,625.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		374,650.	Generators	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,000.	Bus	FMV
		Central America and the Caribbean	Charitable Aid	0.		11,491.	Appliances, food items, household items, clothing	FMV
		Central America and the Caribbean	Charitable Aid	0.		15,759.	Medical supplies, computers, pharmaceuticals, food, supplies,	FMV
		Central America and the Caribbean	Charitable Aid	67,264.	Check or Wire Transfer	15,386.	Personal hygiene, household, furniture, recreational	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)
		Sub-Saharan Africa	Charitable Aid	0.		15,780.	Wheelbarrow, shovels, hoe, axe, rainboots	FMV
		Central America and the Caribbean	Charitable Aid	0.		159,914.	Tools, appliances, furniture, kitchen supplies	FMV
		Central America and the Caribbean	Charitable Aid	0.		1,036,577.	Medical supplies, personal hygiene, medical furniture,	FMV
		Central America and the Caribbean	Charitable Aid	204,457.	Check or Wire Transfer	129,461,782.	Appliances, clothing, medical supplies, medical equipment,	FMV
		South America	Charitable Aid	0.		504,983.	Rice and soy protein meals	FMV
		Central America and the Caribbean	Charitable Aid	0.		8,848,552.	Medical supplies, OTC medicine, personal hygiene, footwear, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		7,108,558.	Food, personal hygiene, clothing, footwear, medical	FMV
		South America	Charitable Aid	2,033,778.	Check or Wire Transfer	28,006,552.	Furniture, school supplies, footwear	FMV
		Central America and the Caribbean	Charitable Aid	21,657,953.	Check or Wire Transfer	246,704,225.	Books, household, supplies, solar supplies, tools, electronics,	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	7,522,373.	Check or Wire Transfer	96,410,739.	Furniture, vocational supplies, food, clothing,	FMV
		Central America and the Caribbean	Charitable Aid	0.		20,000.	Community support and development	FMV
		Sub-Saharan Africa	Charitable Aid	57,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	267,798.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		11,029,112.	Medical supplies, household, books, footwear, personal hygiene,	FMV
		Central America and the Caribbean	Charitable Aid	1,248,260.	Check or Wire Transfer	27,829,034.	Clothing, supplies, food, building supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		205,651.	Footwear, household, medical supplies, food,	FMV
		Central America and the Caribbean	Charitable Aid	11,329.	Check or Wire Transfer	1,006,603.	Footwear, medical equipment & supplies, pharmaceuticals	FMV
		Central America and the Caribbean	Charitable Aid	0.		20,000.	Ultrasound machine	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	9,402.	Check or Wire Transfer	777,197.	Clothing, supplies, household, footwear, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		20,000.	Community support and development	FMV
		Central America and the Caribbean	Charitable Aid	0.		10,272,440.	Baby supplies, medical supplies, painting supplies, medical	FMV
		Central America and the Caribbean	Charitable Aid	0.		2,806,139.	Building supplies, textbook, clothing, food,	FMV
		Central America and the Caribbean	Charitable Aid	0.		121,244.	Clothing, food,	FMV
		Central America and the Caribbean	Charitable Aid	92,820.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	381,941.	Check or Wire Transfer	1,000,381.	Clothing, footwear, furniture, household,	FMV
		Central America and the Caribbean	Charitable Aid	8,142.	Check or Wire Transfer	1,559,536.	Footwear, building supplies, furniture,	FMV
		Central America and the Caribbean	Charitable Aid	0.		5,383.	Lumber	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	171,244.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	20,500.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	22,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	5,000.	Check or Wire Transfer	3,800.	Printer	FMV
		Central America and the Caribbean	Charitable Aid	76,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	42,182.	Check or Wire Transfer	0.		
		South America	Charitable Aid	0.		8,977.	Computer equipment	FMV
		Central America and the Caribbean	Charitable Aid	6,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	126,000.	Check or Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Charitable Aid	48,000.	Check or Wire Transfer	0.		
		Central America and the Caribbean	Charitable Aid	0.		122,480.	Shoes, furniture, sewing matchings, bicycles, office equipment,	FMV
		Central America and the Caribbean	Charitable Aid	0.		95,395,134.	Wheelbarrows, food, shoes, furniture, medical supplies,	FMV
		Central America and the Caribbean	Charitable Aid	0.		353,918.	Food, medical equipment, medical furniture,	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Part I, Line 2:

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

Part I, line 3:

Expenditures are accounted for using the accrual method of accounting.

Part II, Column (h):

Region: Central America and the Caribbean

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

Region: Central America and the Caribbean

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

Region: Central America and the Caribbean

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

Part V Supplemental Information

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

furniture

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, books, school supplies,
household items, diapers, building supplies, clothes, mattresses,
healthcare items, medical supplies, furniture, equipment, kitchen
supplies, religious items, toys

Region: Central America and the Caribbean

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

Region: Central America and the Caribbean

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

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, footwear, household,
medical supplies, OTC medicine, personal hygiene, recreational supplies,
agricultural supplies, building, food, furniture, religious supplies,
medical furniture, books, supplies, community support, music supplies,
appliances, vocational supplies, school furniture

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Music supplies, clothing,
recreational supplies, supplies, food, medical supplies, personal
hygiene, OTC medicine, books, footwear, household, medical equipment,

Part V Supplemental Information

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

furniture, medical furniture, school furniture, building, warehouse

equipment, freight, vehicle, computers, pharmaceuticals, agricultural

supplies, appliances, projects, electronics, vocational supplies,

community support & development, educational programs, shelter,

healthcare programs

Region: Central America and the Caribbean

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

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

development

Region: Central America and the Caribbean

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

furniture, recreational supplies, garden supplies, religious supplies,

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

equipment, school furniture, community support & development

Region: Central America and the Caribbean

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

hygiene, medical furniture, medical equipment, household, pharmaceuticals

Region: Central America and the Caribbean

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

supplies, medical equipment, medical furniture, household, cleaning

supplies, lab supplies

Region: Central America and the Caribbean

Part V Supplemental Information

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

(h) Description of Non-cash Assistance: Medical supplies, OTC medicine,
 personal hygiene, footwear, medical equipment, music supplies, medical
 furniture, food, furniture, appliances, pharmaceutical, computers

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Food, personal hygiene,
 clothing, footwear, medical equipment & supplies, furniture, household,
 books, computers, agricultural supplies, vocational supplies, appliances

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Books, household, supplies,
 solar supplies, tools, electronics, food, medical supplies, OTC medicine,
 building, clothing, footwear, school furniture, furniture, medical
 equipment, personal hygiene, recreational supplies, agricultural
 supplies, computer supplies, educational materials, music supplies,
 vocational supplies, pharmaceuticals, vehicle parts, solar equipment,
 appliances, healthcare programs, community support & development,
 educational programs, shelter, sanitation, water & housing units, clinic,
 office equipment, parts, religious supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Furniture, vocational supplies,
 food, clothing, household, electronics, supplies, medical supplies &
 furniture, medical equipment, personal hygiene, building, footwear,
 school furniture, OTC medicine, appliances, furniture, computer supplies,
 educational supplies, music supplies, pharmaceuticals, trailers,
 vehicles, religious supplies, clothing & shelter, educational programs,

Part V Supplemental Information

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

community support & development, healthcare programs

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Medical supplies, household, books, footwear, personal hygiene, building, clothing, school furniture, medical equipment, OTC medicine, furniture, food, pharmaceuticals, computers

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, supplies, food, building supplies, footwear, furniture, household, personal hygiene, appliances

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Footwear, household, medical supplies, food, pharmaceuticals, OTC medicine

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, supplies, household, footwear, medical supplies, music supplies, recreational supplies, personal hygiene, food, furniture, building, agricultural supplies, school furniture, community support & development

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Baby supplies, medical supplies, painting supplies, medical equipment, wheelchair supplies

Part V Supplemental Information

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

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Building supplies, textbook, clothing, food, household, healthcare items, medical supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Clothing, footwear, furniture, household, appliances, food, medical supplies

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Footwear, building supplies, furniture, medical equipment, medical supplies, clothing, food, household, personal hygiene, appliances

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Shoes, furniture, sewing matchings, bicycles, office equipment, household items

Region: Central America and the Caribbean

(h) Description of Non-cash Assistance: Wheelbarrows, food, shoes, furniture, medical supplies, baby items

Region: Central America and the Caribbean

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Infocision Management Corp - PO Box 932441, Cleveland, OH	Call center - radio		X	4,863,923.	40,733.	4,823,190.
One & All Inc. - PO Box 936517, Atlanta, GA 31193	TV production and consultation		X	3,323,145.	202,493.	3,120,652.
Maria Santamarina - 662 Cypress Road, Vero Beach, FL	Government grant writer		X	492,795.	90,000.	402,795.
Dunham ShareMedia, LLC - PO Box 261436, Plano, TX 75026	Radio marketing consulting		X	0.	88,416.	-88,416.
Listentrust - 16 Casco Street, Suite 200, Portland,	Call center - TV		X	0.	74,235.	-74,235.
Tom Gaffny Consulting - 71 Cliff Road, Wellesley, MA	Direct mail consultant		X	0.	18,080.	-18,080.
Veritus Group, LLC - 838 E High Street #292, Lexington,	Donor cultivation consultant		X	0.	54,136.	-54,136.
TMS Call Center - 435 NE Casper Street, Roseburg, OH	Call center - TV		X	0.	82,694.	-82,694.
Total				8,679,863.	650,787.	8,029,076.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala - Boca Grande (event type)	Gala - Boca Gala (event type)	12 (total number)	
Revenue	1 Gross receipts	307,230.	306,842.	620,378.	1,234,450.
	2 Less: Contributions	307,230.	240,055.	561,173.	1,108,458.
	3 Gross income (line 1 minus line 2)		66,787.	59,205.	125,992.
Direct Expenses	4 Cash prizes			25,000.	25,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,355.	162,504.	167,325.	337,184.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				362,184.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-236,192.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			334,839.	334,839.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			89,496.	89,496.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				89,496.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				245,343.

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

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

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

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

b If "Yes," explain: _____

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

a The organization's facility	13a	100.00 %
b An outside facility	13b	.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Jeff Alexander

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(i) Name of Fundraiser: Infocision Management Corp

(i) Address of Fundraiser: PO Box 932441, Cleveland, OH 44193

(i) Name of Fundraiser: Maria Santamarina

(i) Address of Fundraiser: 662 Cypress Road, Vero Beach, FL 32963

(i) Name of Fundraiser: Listentrust

Part IV Supplemental Information (continued)

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

(i) Name of Fundraiser: Tom Gaffny Consulting

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

(i) Name of Fundraiser: Veritus Group, LLC

(i) Address of Fundraiser: 838 E High Street #292, Lexington, KY 40502

(i) Name of Fundraiser: TMS Call Center

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Adorer Missionary Sisters of the Poor - PO Box 19895 - West Palm Beach, FL 33416-4895	45-4699950	501(c)(3)	28,843.	0.			Charitable aid
Caritas De Puerto Rico 201 Calle San Jorge San Juan, PR 00902			920.	5,914,058.	FMV	Personal care items, cleaning products, baby	Charitable aid
Catholic Charities of the Diocese of Raleigh - SDC Delivers Warehouse - 530 Hinton Oaks Blvd. Suite 400 - Knightsdale, NC 27616		501(c)(3)	0.	813,534.	FMV	Personal care items, cleaning products, baby	Charitable aid
Catholic Charities of the Diocese of Raleigh - Excel Moving Warehouse - 2612 Discovery Drive - Raleigh, NC 27616		501(c)(3)	0.	553,187.	FMV	Personal care items, cleaning products, baby	Charitable aid
Crossroads Alliance Warehouse 195 SW 33rd Avenue Ocala, FL 34474	84-1651362	501(c)(3)	0.	663,305.	FMV	Personal care items, cleaning products, baby	Charitable aid
Food Bank Council of Michigan 330 Marshall Street, Suite 102 Lansing, MI 48912	38-2515765	501(c)(3)	175,000.	0.			Charitable aid

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

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

Schedule I (Form 990) (2018)

See Part IV for Column (g) descriptions

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
Our Little Roses PO Box 530947 Miami Shores, FL 33153	54-1663713	501(c)(3)	55,000.	0.			Charitable aid
Somers Department of Parks and Recreation - 82 Primrose Street RT 139 - Katonah, NY 10536			6,250.	0.			Charitable aid
Stella Marina/Church of the Nativity - 6400 Nativity Lane - Burke, VA 22015		501(c)(3)	0.	24,474.			Charitable aid
Team of Life 2136 N.W. 8th Street Fort Lauderdale, FL 33311	65-0979102	501(c)(3)	7,000.	0.			Charitable aid
The Capuchin Soup Kitchen of Detroit - 1820 Mount Elliot St - Detroit, MI 48207	38-1525161	501(c)(3)	75,000.	0.			Charitable aid
USNS Comfort MTF 9551 Decatur Avenue Decatur, VA 23511			0.	24,447.			Charitable aid
Water Missions International PO Box 31258 Charleston, SC 29417	57-1116978	501(c)(3)	262,481.	0.			Charitable aid
Harvest Time International 225 North Kennel Road Sanford, FL 32771	36-4567170	501(c)(3)	0.	206,598.	FMV	Personal care items, cleaning products, baby	Charitable aid

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

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

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

Part I, Line 2:

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

Part II, line 1, Column (g):

Name of Organization or Government: Caritas De Puerto Rico

(g) Description of Non-cash Assistance: Personal care items, cleaning products, baby items, food.

Part IV Supplemental Information

Name of Organization or Government:

Catholic Charities of the Diocese of Raleigh - SDC Delivers Warehouse

(g) Description of Non-cash Assistance: Personal care items, cleaning products, baby items, food.

Name of Organization or Government:

Catholic Charities of the Diocese of Raleigh - Excel Moving Warehouse

(g) Description of Non-cash Assistance: Personal care items, cleaning products, baby items, food.

Name of Organization or Government: Crossroads Alliance Warehouse

(g) Description of Non-cash Assistance: Personal care items, cleaning products, baby items, food.

Name of Organization or Government: Harvest Time International

(g) Description of Non-cash Assistance: Personal care items, cleaning products, baby items, food.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Robin G. Mahfood Director, CEO, President	(i)	445,463.	0.	0.	0.	28,291.	473,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Angel Aloma Executive Director	(i)	273,808.	1,200.	0.	8,216.	14,820.	298,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Dennis A. North CFO	(i)	182,608.	1,200.	0.	5,482.	13,442.	202,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mark Khouri Vice President	(i)	207,529.	1,200.	0.	6,265.	15,676.	230,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Edward Raine Executive VP	(i)	227,529.	1,200.	0.	6,865.	16,129.	251,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Alvaro J. Pereira Speakers Director	(i)	231,410.	1,200.	0.	6,946.	14,649.	254,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Natalie F. Carlisle Major Gifts Director	(i)	197,423.	1,200.	0.	1,834.	15,414.	215,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Michael Anton Projects Director	(i)	154,840.	1,200.	0.	4,966.	23,680.	184,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Arthur Goldklang Shipping Director	(i)	154,381.	1,200.	0.	4,633.	12,868.	173,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Frederick Khouri COO	(i)	152,090.	1,200.	0.	4,580.	13,484.	171,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), and (i) Written agreement? (Yes/No).

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kim Mahfood	Family relationship	95,035.	Compensatio		X
Wendy Khouri	Family relationship	80,538.	Compensatio		X
McCallen Kennedy	Family relationship	22,154.	Compensatio		X
Margaret Anton	Family relationship	102,678.	Compensatio		X
Gerald Mahfood	Family relationship	54,816.	Compensatio		X

Part V Supplemental Information.

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

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

(a) Name of Person: Kim Mahfood

(b) Relationship Between Interested Person and Organization:

Family relationship with Robin G. Mahfood, CEO/President

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: Wendy Khouri

(b) Relationship Between Interested Person and Organization:

Family relationship with Mark Khouri, Vice President

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: McCallen Kennedy

(b) Relationship Between Interested Person and Organization:

Family relationship with P.Todd Kennedy, Chairman

(d) Description of Transaction: Compensation and benefits

(a) Name of Person: Margaret Anton

(b) Relationship Between Interested Person and Organization:

Family relationship with Ferdinand Mahfood, Founder

(d) Description of Transaction: Compensation and benefits

Part V Supplemental Information

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

(a) Name of Person: Gerald Mahfood

(b) Relationship Between Interested Person and Organization:

Family relationship with Ferdinand Mahfood, Founder

(d) Description of Transaction: Compensation and benefits

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		15,646,807.	Fair Value
5 Clothing and household goods	X		159,907,556.	Fair Value
6 Cars and other vehicles	X	4	43,500.	Fair Value
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,453	35,092,014.	Fair Value
20 Drugs and medical supplies	X	16,580	536,286,862.	Fair Value - See Sch O
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Building Mate)	X	1,732	32,070,509.	Fair Value
26 Other (Educational)	X	1,693	11,284,400.	Fair Value
27 Other (General Suppo)	X	1,621	9,647,108.	Fair Value
28 Other (Agriculture)	X	34	2,025,357.	Fair Value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Food For the Poor, Inc.

Employer identification number

59-2174510

Form 990, Part III, Line 1:

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

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

Education

Expenses \$ 36,889,924. including grants of \$ 36,880,762. Revenue \$ 0.

Freight and other costs

Expenses \$ 21,753,769. including grants of \$ 0. Revenue \$ 0.

Intra-program costs

Expenses \$ 13,996,684. including grants of \$ 8,612,612. Revenue \$ 0.

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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Form 990, Part VI, Section B, Line 12c:

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

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

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

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

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

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

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

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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Form 990, Part X, Lines 27-29:

In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has implemented required changes to its audited financial statements for the period ended 12/31/2018. To date, Form 990 and its associated schedules have not been updated to reflect changes made by this standard. Thus, we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Part X,

Lines 27-29:

Line 27 - Net assets without donor restrictions	\$24,286,815
Line 29 - Net assets with donor restrictions	1,478,794
Total net assets	\$25,765,609

Form 990, Part XII, Line 2c

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

Schedule M, Part I, Line 20

Pharmaceutical GIK contributions received are valued using costing data acquired from recognized and published resources and are valued at their estimated wholesale acquisition cost ("WAC") on a drug by drug basis. If WAC is not available, the Organization refers to the donor's value. This valuation policy most resembles one used by a wholesale

Name of the organization Food For the Poor, Inc.	Employer identification number 59-2174510
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distributor of goods, which is the market role the Organization has in
the acquisition and shipment of pharmaceutical donations.
Pharmaceutical GIK contributions acquired from non-U.S. donors for
products legally permissible to be sold outside the United States are
valued based upon the wholesale market price in the countries
representing the principal exit markets for those products.

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

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

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

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

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

Jeff Alexander

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

1 I request an automatic 6-month extension of time until November 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

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

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

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