

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.*

PUBLIC DISCLOSURE 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)

2023

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 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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

D Employer identification number
59-2174510

E Telephone number
(954) 427-2222

F Name and address of principal officer: **EDWARD RAINE**
SAME AS C ABOVE

G Gross receipts \$ **465,213,991**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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

J Website: **WWW.FOODFORTHEPOOR.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1982**

M State of legal domicile: **FL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE AID TO IMPROVE THE HEALTH, ECONOMIC, SOCIAL, AND SPIRITUAL CONDITIONS OF THE POOR.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	403
	6	Total number of volunteers (estimate if necessary)	6	1,254
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,500
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 490,774,351	Current Year 453,249,650
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581,447	680,383
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(54,818)	(61,996)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	491,300,980	453,868,037
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	415,051,355	393,090,990
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,964,066	31,256,581
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,015,271	341,067
	b	Total fundraising expenses (Part IX, column (D), line 25) 36,697,658		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,195,161	43,636,421
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	501,225,853	468,325,059	
19	Revenue less expenses. Subtract line 18 from line 12	(9,924,873)	(14,457,022)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 57,411,691	End of Year 43,475,098
	21	Total liabilities (Part X, line 26)	10,481,806	10,895,994
	22	Net assets or fund balances. Subtract line 21 from line 20	46,929,885	32,579,104

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: EDWARD RAINE, PRESIDENT/CEO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAREN DAIGA Preparer's signature: Daren Daiga Date: 9/3/2024 Check if self-employed PTIN: P01074795
 Firm's name: CAPIN CROUSE LLP Firm's EIN: 36-3990892
 Firm's address: 1255 LAKES PARKWAY, SUITE 105, LAWRENCEVILLE, GA 30043 Phone no.: (505) 502-2746

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:

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 (CONTINUED ON 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 239,278,573 including grants of \$ 233,700,280) (Revenue \$)

HEALTH -THE ORGANIZATION SHIPS AND DELIVERS TRAILER LOADS OF MEDICAL AID, MEDICAL SUPPLIES, AND EQUIPMENT, ALONG WITH PERSONAL PROTECTIVE GEAR, MASKS, SANITIZER, AND OTHER ESSENTIAL ITEMS. THESE SHIPMENTS ARE INSTRUMENTAL IN SUSTAINING CLINICS, HOSPITALS, AND MEDICAL CARE CENTERS, ENABLING THEM TO PROVIDE ESSENTIAL MEDICAL ASSISTANCE TO IMPOVERISHED CHILDREN AND FAMILIES, ENHANCING THEIR CAPACITY TO DELIVER ESSENTIAL SERVICES. FURTHERMORE, FFTP STRENGTHENS HEALTHCARE INFRASTRUCTURE IN UNDERSERVED AREAS BY CONTRIBUTING TO THE CONSTRUCTION OF CLINICS, HOSPITALS, AND HEALTH CENTERS. ADDITIONALLY, IT PROVIDES OPERATIONAL SUPPORT TO HEALTHCARE FACILITIES, ENHANCING THEIR OPERATIONAL EFFICIENCY AND EFFECTIVENESS IN DELIVERING CARE.

UNDER THE BENEVOLENCE PROGRAM, THE ORGANIZATION OFFERS FUNDING FOR CRITICAL MEDICAL NEEDS, ENSURING ACCESS TO NECESSARY TREATMENTS AND SUPPORT. IT ALSO SUPPORTS MATERNAL HEALTH AND (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 129,805,135 including grants of \$ 113,995,787) (Revenue \$)

BASIC NEEDS - FFTP RECOGNIZES THE IMPORTANCE OF DELIVERING ESSENTIAL AID TO VULNERABLE COMMUNITIES, PARTICULARLY AMIDST THE CHALLENGES POSED BY DEVASTATING DISASTERS AND EXTREME POVERTY. BY PROVIDING AID TO ALLEVIATE THE SUFFERING OF THE IMPOVERISHED, BASIC NEEDS SUCH AS FOOD, CLOTHING, AND SHELTER ARE BEING ADDRESSED. FOOD AID SUPPORTS LOCAL FEEDING CENTERS AND DISTRIBUTION NETWORKS THAT LOCALLY PROCURES FORTIFIED FOODS, THUS FACILITATING ACCESS TO NUTRITIOUS MEALS TO HUNGRY CHILDREN AND FAMILIES. ADDITIONALLY, WE PRIORITIZE INITIATIVES TO IMPROVE HOUSING CONDITIONS AND ESTABLISH SAFE WATER SYSTEMS, WHILE PROMOTING HEALTH AND HYGIENE PRACTICES WITHIN COMMUNITIES.

IN TIMES OF NATURAL DISASTERS, THE ORGANIZATION'S EFFORTS EXTEND TO EMERGENCY PREPAREDNESS AND RESPONSE MEASURES, COMPRISING DISASTER RELIEF, MITIGATION EFFORTS, AND THE DISTRIBUTION OF EMERGENCY RELIEF GRANTS AND KITS. THROUGH THESE INITIATIVES, THE ORGANIZATION REMAINS COMMITTED (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 41,165,898 including grants of \$ 38,321,014) (Revenue \$)

COMMUNITY SUPPORT & DEVELOPMENT - THROUGH THE IMPLEMENTATION OF SUSTAINABLE COMMUNITY DEVELOPMENT (SCD) PROJECTS, FFTP TAKES A COMPREHENSIVE APPROACH TO TACKLE THE MULTIPLE DIMENSIONS OF POVERTY. THESE INITIATIVES ARE DESIGNED TO ADDRESS VULNERABILITIES, LEVERAGE EXISTING RESOURCES, AND FOSTER SUSTAINABILITY BY COMBINING TANGIBLE INTERVENTIONS WITH SOCIAL AND SPIRITUAL COMPONENTS. THESE PROJECTS CAN DIFFER IN TERMS OF THEIR SCALE, LOCAL CONTEXT, NEEDS AND STRENGTHS OF THE POPULATION THAT THEY SERVE.

THROUGH THESE INITIATIVES, FFTP FACILITATE PATHS OUT OF POVERTY, LEADING TO TRANSFORMED LIVES; EMPOWERING INDIVIDUALS AND COMMUNITIES TO BECOME AN ACTIVE PARTICIPANT IN THEIR OWN PROGRESS, FOSTERING AGENCY, RESILIENCE, AND CAPABILITIES FOR A BRIGHTER FUTURE.

KEY FOCUS AREAS OF INTERVENTIONS IN SCDS ARE:

- ADEQUATE HOUSING AND WATER, SANITATION, AND HYGIENE (WASH) SYSTEMS THAT PROMOTE SANITATION AND (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 7,562,842 including grants of \$ 7,073,909) (Revenue \$ 0)

4e Total program service expenses 417,812,448

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	403		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	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?	<input checked="" type="checkbox"/>	
b	Describe on 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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	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, (CONTINUED ON SCHEDULE O)
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
RAY BARRETT, 6401 LYONS ROAD, COCONUT CREEK, FL 33073-3602, (954) 427-2222

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) EDWARD RAINE PRESIDENT/CEO	50.0	✓		✓				305,371	0	40,570
(2) MARK A KHOURI EVP/COO	50.0			✓				246,626	0	23,406
(3) NATALIE F CARLISLE EVP/CHIEF DEVELOP. OFFICER (PART YEAR)	50.0				✓			222,594	0	25,987
(4) ALVARO J PEREIRA EVP PARTNERSHIPS (PART YEAR)	50.0				✓			232,609	0	14,272
(5) VIVIAN A BORJA EVP/CHIEF MARKETING OFFICER	50.0				✓			217,985	0	27,202
(6) THOMAS R BOUTERIE CLERGY SPEAKER	40.0					✓		194,094	0	22,122
(7) GAIL HAMATY-BIRD EVP/GEN. COUNSEL /SECRETARY	50.0			✓				174,093	0	41,316
(8) JEFFREY ALEXANDER EVP & CHIEF ADMINISTRATIVE OFFICER	50.0			✓				189,469	0	21,391
(9) NICOLAS F ARGUELLO EVP/CHIEF STRATEGY & IMPACT OFFICER	50.0				✓			176,304	0	12,106
(10) MICHAEL ANTON DIR.OF FULFILLMENT &QA	40.0					✓		167,045	0	21,130
(11) DAVID WEISS VP MAJOR & LEGACY GIVING (PART YEAR)	40.0					✓		154,918	0	25,864
(12) MICHAEL R CHIN QUEE EVP CHURCH ALLIANCES	40.0				✓			159,385	0	19,836
(13) JAVIER A RAMIREZ SR.DIR. PROC & FULFILLMENT	40.0					✓		157,391	0	16,876
(14) RICARDO MOHAMMED DIR. INFORMATION SERVICES	40.0					✓		133,445	0	22,596

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) DENNIS A NORTH EVP/CHIEF ADMIN. OFFICER/CFO (PART YEAR)	50.0			✓				115,001	0	6,637
(16) P.TODD KENNEDY CHAIRMAN	1.0	✓		✓				0	0	0
(17) BILL BENSON VICE-CHAIRMAN/TREASURER	1.0	✓		✓				0	0	0
(18) THE RT REV LEOPOLD FRADE DIRECTOR	1.0	✓						0	0	0
(19) ROBIN MAHFOOD DIRECTOR/RETIRED PRESIDENT/CEO	1.0	✓						0	0	0
(20) RHONDA MAINGOT DIRECTOR	1.0	✓						0	0	0
(21) CARD RODRIGUEZ MARADIAGA DIRECTOR	1.0	✓						0	0	0
(22) MOST REV. BURCHELL MCPHERSON DIRECTOR	1.0	✓						0	0	0
(23) DR. LYNNE G NASRALLAH DIRECTOR	1.0	✓						0	0	0
(24) VERY REV MON GREGORY RAMKISSOON DIRECTOR	1.0	✓						0	0	0
(25) LINDA COELLO DIRECTOR	1.0	✓						0	0	0
1b Subtotal								2,846,330	0	341,311
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,846,330	0	341,311

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 39

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>	✓	
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>		✓

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
ROKO CONSULTING LLC, 3583 CENTRAL PARKWAY, DUBLIN, CA 94568	MARKETING CONSULTING	193,218
RKD GROUP, LLC, 3400 WATERVIEW PKWY #250, RICHARDSON, TX 75080	MAJOR FUNDRAISING CONSULTING	163,485
CLOUD SOFTWARE GROUP, INC., LOCKBOX #7514, PO BOX 7247, PHILADELPHIA, PA 19170-7514	ENTERPRISE DATA WAREHOUSE MANAGMENT	161,220

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	1a	Federated campaigns	1a 124,112				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,260,263				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 11,502,207				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 440,363,068				
	g	Noncash contributions included in lines 1a-1f	1g \$ 332,663,215				
	h	Total. Add lines 1a-1f		453,249,650			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		284,351		284,351	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	66,506			
			(ii) Personal				
			6a	66,506			
	b	Less: rental expenses	6b 68,941				
	c	Rental income or (loss)	6c (2,435)	0			
	d	Net rental income or (loss)		(2,435)		(2,435)	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	11,554,742			
			(ii) Other				
			7a	11,554,742			
	b	Less: cost or other basis and sales expenses	7b 11,158,710				
	c	Gain or (loss)	7c 396,032	0			
	d	Net gain or (loss)		396,032		396,032	
	8a	Gross income from fundraising events (not including \$ <u>1,260,263</u> of contributions reported on line 1c). See Part IV, line 18	8a 44,115				
	b	Less: direct expenses	8b 118,303				
c	Net income or (loss) from fundraising events		(74,188)	1,500	(75,688)		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	14,627		14,627	
	b						
	c						
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		14,627			
12	Total revenue. See instructions		453,868,037	0	1,500	616,887	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	575,564	575,564		
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	392,515,426	392,515,426		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,272,161		2,272,161	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	416,523	175,948	97,416	143,159
7 Other salaries and wages	22,477,084	5,259,502	4,825,610	12,391,972
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	371,760	89,694	92,887	189,179
9 Other employee benefits	3,964,318	933,979	906,774	2,123,565
10 Payroll taxes	1,754,735	394,312	498,879	861,544
11 Fees for services (nonemployees):				
a Management				
b Legal	94,346		94,346	
c Accounting	85,459		85,459	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	341,067			341,067
f Investment management fees	41,104		41,104	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	209,837	3,000	35,087	171,750
12 Advertising and promotion	13,715,937	17,532	131,041	13,567,364
13 Office expenses	7,658,688	150,373	2,073,330	5,434,985
14 Information technology	2,253,169	357,182	1,661,295	234,692
15 Royalties				
16 Occupancy	484,173	215,122	111,565	157,486
17 Travel	1,215,744	247,468	58,332	909,944
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,575	51,910	908	10,757
20 Interest	2,334		2,334	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	400,888	130,890	182,738	87,260
23 Insurance	380,956		380,956	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>FREIGHT</u>	16,729,428	16,680,815	6,999	41,614
b <u>OTHER EXPENSES</u>	300,783	13,731	255,732	31,320
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	468,325,059	417,812,448	13,814,953	36,697,658
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,126,818	1	8,231,053
	2 Savings and temporary cash investments	10,426,722	2	8,359,259
	3 Pledges and grants receivable, net	4,177,583	3	3,132,461
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,276,266	9	1,197,118
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,507,446		
	b Less: accumulated depreciation	8,520,357	10c	10,987,089
	11 Investments—publicly traded securities	18,262,095	11	8,974,890
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,773,567	15	2,593,228
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,411,691	16	43,475,098	
Liabilities	17 Accounts payable and accrued expenses	5,987,341	17	6,345,697
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	4,494,465	25	4,550,297
	26 Total liabilities. Add lines 17 through 25	10,481,806	26	10,895,994
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,012,143	27	21,546,195
	28 Net assets with donor restrictions	16,917,742	28	11,032,909
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	46,929,885	32	32,579,104
33 Total liabilities and net assets/fund balances	57,411,691	33	43,475,098	

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	453,868,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	468,325,059
3	Revenue less expenses. Subtract line 2 from line 1	3	(14,457,022)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,929,885
5	Net unrealized gains (losses) on investments	5	106,241
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,579,104

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" 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? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

**SCHEDULE A
(Form 990)**

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

2023

**Open to Public
Inspection**

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

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).)
- 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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	911,914,789	754,904,577	856,411,954	490,774,351	453,249,650	3,467,255,321
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	911,914,789	754,904,577	856,411,954	490,774,351	453,249,650	3,467,255,321
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)						0
6 Public support. Subtract line 5 from line 4						3,467,255,321

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	911,914,789	754,904,577	856,411,954	490,774,351	453,249,650	3,467,255,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131,571	210,016	289,940	428,131	350,857	1,410,515
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	167,440	21,472	70,824	26,108	14,627	300,471
11 Total support. Add lines 7 through 10						3,468,966,307
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.95 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.95 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2023. 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—2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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 lines 5b and 5c 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>		
5b	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?		
5c	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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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 line 10b below.</i>		
10b	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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? 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.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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) 2023

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	50,022	21,472	70,824	26,108	14,627	183,053
	(2) GAMING ACTIVITIES	117,418					117,418
	Total	167,440	21,472	70,824	26,108	14,627	300,471

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 [checked] 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

- [checked] 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), 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), 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).

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	----- ----- -----	\$ 79,696,569	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 60,844,694	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 60,279,301	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 25,914,936	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 22,562,241	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 17,522,010	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	----- ----- -----	\$ 12,762,308	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 10,372,015	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	PHAMACEUTICALS, ASSORTED MEDICAL AND HOUSEHOLD SUPPLIES	\$ 79,694,918	12/31/2023
2	PHARMACEUTICALS, ASSORTED MEDICAL SUPLIES & HOUSEHOLD ITEMS	\$ 60,844,694	12/31/2023
3	ASSORTED MEDICAL & HOUSEHOLD GOODS, CLOTHING, FABRIC, BLANKETS, PAINT AND PERSONAL CARE ITEMS	\$ 60,252,868	12/31/2023
4	RICE AND SOY PROTEIN MEALS	\$ 25,800,166	12/31/2023
5	PHARMACEUITICALS, TEXTBOOKS, ASSORTED MEDICAL & HOUSEHOLD SUPPLIES, FURNITURE AND EQUIPMENT.	\$ 22,552,241	12/31/2023
6	HOUSEHOLD SUPPLIES, DIAPERS, FOOTWEAR, CLOTHES	\$ 17,522,010	12/31/2023

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
7	ASSORTED MEDICAL & HOUSEHOLD GOODS, CLOTHING, FABRIC, BLANKETS, PAINT AND PERSONAL CARE ITEMS	\$ 12,762,308	12/31/2023
8	WHOLLY MILLED RICE	\$ 9,944,800	12/31/2023
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

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

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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

Table with 2 columns: Revenue and Assets. Rows 1a-2 for various questions and data points.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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 in 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	273,404	317,763	277,146	249,661	209,680
b Contributions					
c Net investment earnings, gains, and losses	40,692	(44,359)	40,617	27,485	39,981
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	314,096	273,404	317,763	277,146	249,661

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 100.00 %
- c** Term endowment 0.00 %

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		3,952,144		3,952,144
b Buildings		11,436,370	4,811,959	6,624,411
c Leasehold improvements				
d Equipment		3,970,366	3,559,832	410,534
e Other		148,566	148,566	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,987,089

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. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) GOODS PENDING DISTRIBUTION	2,556,190
(2) CASH SURRENDER OF LIFE INSURANCE	37,038
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,593,228

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) ANNUITY OBLIGATIONS	4,550,297
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,550,297

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 453,868,037.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 468,325,059.

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.

SEE STATEMENT

Series of horizontal dashed lines for supplemental information input.

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	
	(b) Amount	
	RENTAL EXPENSES	68,941
	FUNDRAISING EVENT EXPENSES	118,303
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	
	(b) Amount	
	RENTAL EXPENSES	68,941
	FUNDRAISER EVENT EXPENSES	118,303

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENT OF THE ENDOWED FUNDS IS TO HELP FURTHER THE MISSION OF FOOD FOR THE POOR, INC.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	16	GRANTMAKING		377,976,929
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	GRANTMAKING		121,000
(3) SOUTH AMERICA	0	2	GRANTMAKING		13,741,129
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		360,142
(5) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		316,226
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	19			392,515,426
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	19			392,515,426

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)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	303,013	CHECK OR WIRE TRANSFER	2,266,972	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES	FMV
(2)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			13,342	FOOD, COMMUNITY SUPPORT	FMV
(3)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	60,000	CHECK OR WIRE TRANSFER			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	866,160	CHECK OR WIRE TRANSFER	424,922	AGRICULTURE, BUILDING, CLOTHING, COMMUNITY SUPPORT, FOOD, FOOTWEAR, FURNITURE, MEDICAL EQUIPMENT & SUPPLIES ETC.	FMV
(5)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,000	CHECK OR WIRE TRANSFER			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,500	CHECK OR WIRE TRANSFER			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	13,000	CHECK OR WIRE TRANSFER			
(8)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	84,602	CHECK OR WIRE TRANSFER			
(9)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	51,571	CHECK OR WIRE TRANSFER			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,377	CHECK OR WIRE TRANSFER			
(11)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	56,215	CHECK OR WIRE TRANSFER			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	51,779	CHECK OR WIRE TRANSFER			
(13)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	11,450,653	CHECK OR WIRE TRANSFER	57,704,635	AGRICULTURE, BUILDING, CLOTHING, COMMUNITY SUPPORT, FOOD, FOOTWEAR, FURNITURE, MEDICAL EQUIPMENT & SUPPLIES ETC.	FMV
(14)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	186,120	CHECK OR WIRE TRANSFER			
(15)			CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	159,620	CHECK OR WIRE TRANSFER			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 61

3 Enter total number of other organizations or entities 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(16)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			331,437	BUILDING, CLOTHING, FOOD, FOOTWEAR, FURNITURE, HOUSEHOLD, MEDICAL EQUIPMENT AND SUPPLIES, OPTIC MED, PERSON, PHARMA	FMV
(17)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	31,697	CHECK OR WIRE TRANSFER	16,581	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(18)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	754,542	CHECK OR WIRE TRANSFER	4,310,334	AGRICULTURE, BUILDING, CLOTHING, COMMUNITY SUPPORT, FOOD, FOOTWEAR, FURNITURE, MEDICAL EQUIPMENT & SUPPLIES ETC	FMV
(19)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	4,402,953	CHECK OR WIRE TRANSFER	771,875	AGRICULTURE, BUILDING, CLOTHING, COMMUNITY SUPPORT, FOOD, FOOTWEAR, FURNITURE, MEDICAL EQUIPMENT & SUPPLIES ETC	FMV
(20)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,270,254	CHECK OR WIRE TRANSFER	17,296,251	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(21)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	16,383	CHECK OR WIRE TRANSFER	4,243,936	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(22)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	388,700	CHECK OR WIRE TRANSFER			
(23)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	238,799	CHECK OR WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(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)
					TRANSFER			
(24)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	36,000	CHECK OR WIRE TRANSFER			
(25)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	6,150	CHECK OR WIRE TRANSFER			
(26)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,734	CHECK OR WIRE TRANSFER	3,293,016	MEDICAL SUPPLIES, HOUSEHOLD, OTCMED	FMV
(27)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			104,422	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(28)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			2,560,521	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(29)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	125,134	CHECK OR WIRE TRANSFER	119,202,766	MEDICAL SUPPLIES, OTCMED, BUILDING, FURNITURE, CLOTHING, FOOTWEAR, PERSON, HOUSEHOLD	FMV
(30)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	60,000	CHECK OR WIRE TRANSFER	1,673,882	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(31)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	100,000	CHECK OR WIRE TRANSFER			
(32)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	12,000	CHECK OR WIRE TRANSFER			
(33)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	741,517	CHECK OR WIRE TRANSFER	4,403,561	MEDICAL ASSISTANCE	FMV
(34)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,150,941	CHECK OR WIRE TRANSFER			
(35)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,952	CHECK OR WIRE TRANSFER	(1,383)	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR,	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
							MEDICAL EQUIPMENT, ETC.	
(36)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,796,763	CHECK OR WIRE TRANSFER	49,748,199	MEDICAL EQUIPMENT, BUILDING, FOOTWEAR, MEDICAL SUPPLIES, CLOTHING, HOUSEHOLD, OTCMED	FMV
(37)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,734,932	CHECK OR WIRE TRANSFER	20,963,862	MEDICAL FURNITURE, FOOTWEAR, MEDICAL SUPPLIES, OTCMED, VEHICLES, VOCATIONAL, BOOK, CLOTHING, HOUSEHOLD, BUILDING, PERSONAL CARES	FMV
(38)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			14,098,330	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(39)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	282,437	CHECK OR WIRE TRANSFER			
(40)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	22,400	CHECK OR WIRE TRANSFER			
(41)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			12,703,761	EDUCATION PROGRAM	FMV
(42)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	150,000	CHECK OR WIRE TRANSFER			
(43)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,169,490	CHECK OR WIRE TRANSFER	2,806,953	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(44)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			204,718	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(45)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			967,372	MEDICAL SUPPLIES, OTCMED, AGRICULTURE, COMMUNITY	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
							SUPPORT, APPLIANCES, BOOK, CLOTHING, FOOTWEAR, FOOD, FURNITURE, HOUSEHOLD, MUSIC, VOCATIONAL, SCHOOL FURNITURE	
(46)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	357,254	CHECK OR WIRE TRANSFER	2,874,520	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(47)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,017	CHECK OR WIRE TRANSFER			
(48)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	625,852	CHECK OR WIRE TRANSFER			
(49)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	634,153	CHECK OR WIRE TRANSFER	70,833	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(50)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	105,805	CHECK OR WIRE TRANSFER			
(51)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	510,417	CHECK OR WIRE TRANSFER			
(52)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	20,400	CHECK OR WIRE TRANSFER			
(53)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			784,346	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(54)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	12,000	CHECK OR WIRE TRANSFER			
(55)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	5,000	CHECK OR WIRE TRANSFER			
(56)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID			781,794	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL	FMV

(a) Name of Organization	(b) IRS code section and EIN	(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)
							EQUIPMENT, ETC.	
(57)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	44,661	CHECK OR WIRE TRANSFER			FMV
(58)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,276	CHECK OR WIRE TRANSFER			FMV
(59)		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	81,511	CHECK OR WIRE TRANSFER			FMV
(60)		SOUTH AMERICA	CHARITABLE AID			319,898	ONE OR ALL OF THE FOLLOWING: AGRICULTURE, BUILDING, CLOTHING SUPPORT, FOOD, FOOTWEAR, MEDICAL EQUIPMENT, ETC.	FMV
(61)		SOUTH AMERICA	CHARITABLE AID	205,196	CHECK OR WIRE TRANSFER			
(62)		SOUTH AMERICA	CHARITABLE AID	70,000	CHECK OR WIRE TRANSFER			
(63)		SOUTH AMERICA	CHARITABLE AID	472,840	CHECK OR WIRE TRANSFER			
(64)		SOUTH AMERICA	CHARITABLE AID	8,684	CHECK OR WIRE TRANSFER			
(65)		SOUTH AMERICA	CHARITABLE AID	359,716	CHECK OR WIRE TRANSFER			
(66)		SOUTH AMERICA	CHARITABLE AID	2,457,605	CHECK OR WIRE TRANSFER	9,060,481	AGRICULTURE, APPLIANCES, BUILDING, BOOK, CLOTHING, COMMUNITY SUPPORT, COMPUTERS, ELECTRICITY, FOOD, FOOTWEAR, FURNITURE, HOUSEHOLD, MEDICAL EQUIPMENTS, MEDICAL FURNITURES, MEDICAL SUPPLIES, TOOLS, VOCATION, WAREHOUSE EQUIPMENTS SUPPLIES, MUSIC, RECREATIONAL, RELIGIOUS, SCHOOL FURNITURE, OFFICE, OTC, PARTS, PERSONAL CARES	FMV
(67)		SOUTH AMERICA	CHARITABLE AID	5,234	CHECK OR WIRE TRANSFER			
(68)		SOUTH AMERICA	CHARITABLE AID	105,660	CHECK OR WIRE TRANSFER			
(69)		SOUTH AMERICA	CHARITABLE AID	675,816	CHECK OR WIRE TRANSFER			

(a) Name of Organization	(b) IRS code section and EIN	(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)
(70)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHARITABLE AID	79,000	CHECK OR WIRE TRANSFER			
(71)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHARITABLE AID	62,642	CHECK OR WIRE TRANSFER			
(72)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHARITABLE AID	31,500	CHECK OR WIRE TRANSFER			
(73)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHARITABLE AID	50,000	CHECK OR WIRE TRANSFER			
(74)		EUROPE (INCLUDING ICELAND AND GREENLAND)	CHARITABLE AID	132,000	CHECK OR WIRE TRANSFER			
(75)		RUSSIA AND NEIGHBORING STATES	CHARITABLE AID	316,226	CHECK OR WIRE TRANSFER			
(76)		NORTH AMERICA (CANADA & MEXICO ONLY)	CHARITABLE AID	121,000	CHECK OR WIRE TRANSFER			

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	FEEDBACK REPORTS ARE RECEIVED DETAILING HOW GOODS AND GRANTS ARE USED IN THE FIELD. EMAIL, PHONE CALLS, AND OTHER CORRESPONDENCE ARE MADE TO COMMUNICATE FEEDBACK AS WELL.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL

**SCHEDULE G
(Form 990)**

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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			
1 RKD GROUP, LLC, 3400 WATERVIEW PKWY #250, RICHARDSON, TX 75080	(SEE STATEMENT)		✓	119,427	163,485	(44,058)
2 HISPANIC GROUP CORP., 8400 NW 36TH STREET, SUITE 450, DORAL, FL 33166	(SEE STATEMENT)		✓	3,032,354	74,000	2,958,354
3 ONE & ALL INC. (RUSS REID), PO BOX 936517, ATLANTA, GA 31193	(SEE STATEMENT)		✓	1,010,785	44,710	966,075
4 LISTEN TRUST, 89 LARRABEE ROAD, 2ND FLOOR, WESTBROOK, ME 04092	TV INCOMING CALL CENTER		✓	0	19,042	(19,042)
5 C.GRANT & COMPANY, 102 N CROSS ST #1, WHEATON, IL 60187	(SEE STATEMENT)		✓	2,796	16,143	(13,347)
6 TMS CALL CENTER, 435 NE CASPER STREET, ROSEBURG, OH 97470	TV INCOMING CALL CENTER		✓	0	12,226	(12,226)
7 INFOCISION MANAGEMENT CORP., PO BOX 932441, CLEVELAND, OH 44193	(SEE STATEMENT)		✓	2,518,954	11,461	2,507,493
8						
9						
10						
Total				6,684,316	341,067	6,343,249

- 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
		<small>GALA - CELEBRATIONS OF HOPE ORLA*</small> (event type)	<small>GALA - BOCA GRANDE</small> (event type)	10 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	607,987	315,152	381,239	1,304,378
	2 Less: Contributions	607,987	315,152	337,124	1,260,263
	3 Gross income (line 1 minus line 2)	0	0	44,115	44,115
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	4,143	5,243	108,917	118,303
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d)				118,303
11 Net income summary. Subtract line 10 from line 3, column (d)				(74,188)	

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		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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	%
b An outside facility	13b	%

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

Name

Address

- 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.

[SEE NEXT PAGE](#)

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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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	MAJOR FUNDRAISING CONSULTING
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	TV PRODUCTION AND CONSULTATION
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 3	TV PRODUCTION AND CONSULTATION
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 5	CHURCH ALLIANCE FUNDRAISING CONSULTING
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 7	PRINTING & PUBLICATION EXPENSE
SCHEDULE G, PART I, LINE 2B(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 AND RADIO CAMPAIGNS ACCORDINGLY, AND 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

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	61-1202498	501(C)(3)	22,971				CHARITABLE AID
(2) CATHOLIC CHARITIES OF THE DIOCESE 7200 STONEHENGE DRIVE, RALEIGH, NC 27613	56-0629943	501(C)(3)	10,078	14,784	FMV	CHARITABLE AID	CHARITABLE AID
(3) FLORIDA CATHOLIC CONFERENCE- 201 WEST PARK AVENUE, TALLAHASSEE, FL 32301	45-4863384	501(C)(4)	21,647	24,734	FMV	CHARITABLE AID	CHARITABLE AID
(4) (SEE STATEMENT)	59-0904361	501(C)(3)	22,157				CHARITABLE AID
(5) (SEE STATEMENT)	83-4253414	501(C)(3)		202,290	FMV	CHARITABLE AID	CHARITABLE AID
(6) HARVEST TIME INTERNATIONAL 225 HARVEST TIME DR., SANFORD, FL 32771	54-1698630	501(C)(3)		52,945	FMV	CHARITABLE AID	CHARITABLE AID
(7) (SEE STATEMENT)	27-0849384	501(C)(3)	7,500				CHARITABLE AID
(8) OUR LITTLE ROSES PO BOX 530947, MIAMI SHORES, FL 33153-0947	54-1663713	501(C)(3)	60,000				CHARITABLE AID
(9) SEND RELIEF, INC. 4200 NORTH POINT PKWY, ALPHARETTA, GA 30022	75-1977130	501(C)(3)	10,182				CHARITABLE AID
(10) (SEE STATEMENT)	13-6007329	501(C)(3)	5,950				CHARITABLE AID
(11) (SEE STATEMENT)	65-0979102	501(C)(3)	7,500				CHARITABLE AID
(12) (SEE STATEMENT)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14
- 3 Enter total number of other organizations listed in the line 1 table

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

[\(SEE STATEMENT\)](#)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(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
(12) CARITAS DE PUERTO RICO 201 SAN JORGE, ESQUINA BALDORIO DE CASTRO, SAN JUAN, PR 00912	66-0287035	501(C)(3)	25,000				CHARITABLE AID
(13) IGLESIA EPISCOPAL PUERTORRIQUENA, INC. 1409 AVE, PONCE DE LEON, 4T0 PISO, SANJUAN, 00907, RQ	66-0197834	501(C)(3)	25,000				CHARITABLE AID
(14) WATER MISSIONS INTERNATIONAL P.O. BOX 31258, CHARLESTON, SC 29417	57-1116978	501(C)(3)	49,698				CHARITABLE AID

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CATHOLIC CHARITIES - DIOCESE OF OWENSBORO 600 LOCUST STREET, OWENSBORO, KY 42301
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FLORIDA UNITED METHODIST CONVENTION 450 MARTIN LUTHER KING FR. AVE, LAKELAND, FL 32301
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FR. MICHAEL'S MISSION, INC. 200 HOWARD STREET, SUITE 104, LA PLATA, MD 20646
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LIBERTY MOVEMENT MINISTRY, INC 9449 SAVANNA ESTATES DR, LAKE WORTH, FL 33467
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SOMERS DEPARTMENT OF PARKS AND RECREATION 82 PRIMROSE STREET, RT 139, SOMERS, NY 10589
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TEAM OF LIFE 2136 N.W. 8TH STREET, FORT LAUDERDALE, FL 33311

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD FOR THE POOR, INC.

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

2023

Open to Public Inspection

Employer identification number

59-2174510

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	<input checked="" type="checkbox"/>
	4b	<input checked="" type="checkbox"/>
	4c	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	<input checked="" type="checkbox"/>
	5b	<input checked="" type="checkbox"/>
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	<input checked="" type="checkbox"/>
	6b	<input checked="" type="checkbox"/>
<p>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</p>	7	<input checked="" type="checkbox"/>
<p>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</p>	8	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 and/or 1099-NEC 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	EDWARD RAINE PRESIDENT/CEO	(i)	304,055	1,316	0	9,600	30,970	345,941	0
		(ii)	0	0	0	0	0	0	0
2	MARK A KHOURI EVP/COO	(i)	244,004	2,622	0	7,350	16,056	270,032	0
		(ii)	0	0	0	0	0	0	0
3	NATALIE F CARLISLE EVP/CHIEF DEVELOP. OFFICER (PART YEAR)	(i)	221,107	1,487	0	0	25,987	248,581	0
		(ii)	0	0	0	0	0	0	0
4	ALVARO J PEREIRA EVP PARTNERSHIPS (PART YEAR)	(i)	116,609	0	116,000	0	14,272	246,881	0
		(ii)	0	0	0	0	0	0	0
5	VIVIAN A BORJA EVP/CHIEF MARKETING OFFICER	(i)	215,248	2,737	0	5,500	21,702	245,187	0
		(ii)	0	0	0	0	0	0	0
6	THOMAS R BOUTERIE CLERGY SPEAKER	(i)	191,293	2,801	0	5,739	16,383	216,216	0
		(ii)	0	0	0	0	0	0	0
7	GAIL HAMATY-BIRD EVP/GEN. COUNSEL /SECRETARY	(i)	171,350	2,743	0	3,225	38,091	215,409	0
		(ii)	0	0	0	0	0	0	0
8	JEFFREY ALEXANDER EVP & CHIEF ADMINISTRATIVE OFFICER	(i)	186,726	2,743	0	5,642	15,749	210,860	0
		(ii)	0	0	0	0	0	0	0
9	NICOLAS F ARGUELLO EVP/CHIEF STRATEGY & IMPACT OFFICER	(i)	175,000	1,304	0	870	11,236	188,410	0
		(ii)	0	0	0	0	0	0	0
10	MICHAEL ANTON DIR.OF FULFILLMENT &QA	(i)	164,302	2,743	0	4,983	16,147	188,175	0
		(ii)	0	0	0	0	0	0	0
11	DAVID WEISS VP MAJOR & LEGACY GIVING (PART YEAR)	(i)	153,425	1,493	0	0	25,864	180,782	0
		(ii)	0	0	0	0	0	0	0
12	MICHAEL R CHIN QUEE EVP CHURCH ALLIANCES	(i)	156,642	2,743	0	4,719	15,117	179,221	0
		(ii)	0	0	0	0	0	0	0
13	JAVIER A RAMIREZ SR.DIR. PROC & FULFILLMENT	(i)	154,648	2,743	0	2,325	14,551	174,267	0
		(ii)	0	0	0	0	0	0	0
14	RICARDO MOHAMMED DIR. INFORMATION SERVICES	(i)	130,702	2,743	0	4,057	18,539	156,041	0
		(ii)	0	0	0	0	0	0	0
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	ALVARO J PEREIRA RECEIVED 26 WEEKS OF SEVERANCE PAY IN 2023 IN THE AMOUNT OF \$116,000.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	A ONE-TIME STIMULUS PAYMENT IN SEPTEMBER 2023 AND A DISCRETIONARY CHRISTMAS GIFT IN DECEMBER 2023 WERE PROVIDED TO ALL ACTIVE EMPLOYEES BASED ON THEIR CLASSIFICATION AS FULL-TIME OR PART-TIME AND THE NUMBER OF MONTHS OF SERVICE IN THE INITIAL YEAR OF EMPLOYMENT.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

OMB No. 1545-0047

2023

Open To Public Inspection

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 section 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Part IV**Business Transactions Involving Interested Persons** (continued)

(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
(1) WENDY ANNE KHOURI	FAMILY RELATIONSHIP WITH MARK KHOURI, EVP/COO	\$105,612	COMPENSATION & BENEFITS		✓
(2) MARGARET ANTON	FAMILY RELATIONSHIP WITH FERDINAND MAHFOOD, FOUNDER	\$97,416	COMPENSATION & BENEFITS		✓
(3) MCCALLEN M KENNEDY	FAMILY RELATIONSHIP WITH P. TODD KENNEDY, CHAIRMAN	\$72,901	COMPENSATION & BENEFITS		✓
(4) GERALD F MAHFOOD	FAMILY RELATIONSHIP WITH FERDINAND MAHFOOD, FOUNDER	\$70,335	COMPENSATION & BENEFITS		✓
(5) CELIA A CHIN QUEE	FAMILY RELATIONSHIP WITH MICHAEL CHIN QUEE, KEY EMPLOYEE	\$70,258	COMPENSATION & BENEFITS		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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.

Department of the Treasury
Internal Revenue Service

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				
2				
3				
4	✓		90,091	COST
5	✓		63,468,883	COST
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	860	36,154,356	COST
20	✓	9,646	219,326,580	COST
21				
22				
23				
24				
25	✓	6	25,126	COST
26	✓	582	9,986,778	COST
27	✓	262	1,577,639	COST
28	✓	439	2,033,762	COST

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	2,033,762
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I -	THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS DONATED.
SCHEDULE M, PART I, LINE 20 -	<p>PHARMACEUTICAL GIFT-IN-KIND (GIK) DONATED CONTRIBUTIONS RECEIVED FROM ORGANIZATIONS INSIDE THE UNITED STATES AND PERMISSIBLE INSIDE THE UNITED STATES ARE VALUED USING COSTING DATA ACQUIRED FROM RECOGNIZED AND PUBLISHED RESOURCES AND ARE VALUED AT THEIR ESTIMATED NATIONAL AVERAGE DRUG ACQUISITION COST ON A DRUG BY DRUG BASIS. THE ORGANIZATION UTILIZES THE NATIONAL AVERAGE DRUG ACQUISITION COST (NADAC) DATA PUBLISHED BY MEDICAID IN ORDER TO ESTIMATE FAIR VALUE.</p> <p>PHARMACEUTICAL GIFT-IN-KIND (GIK) DONATED CONTRIBUTIONS RECEIVED FROM ORGANIZATIONS OUTSIDE THE UNITED STATES AND PERMISSIBLE INSIDE THE UNITED STATES ARE VALUED BASED UPON THE WHOLESALE MARKET PRICE OF THE COUNTRIES REPRESENTING THE PRINCIPAL EXIT MARKETS FOR THOSE PRODUCTS AND THAT VALUE IS THEN TRANSLATED INTO U.S. DOLLARS FOR INCLUSION IN THE CONSOLIDATED FINANCIAL STATEMENTS.</p>

**SCHEDULE O
(Form 990)**

Department of 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

2023

Open to Public Inspection

Name of the Organization
FOOD FOR THE POOR, INC.

Employer Identification Number
59-2174510

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	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 4A - PROGRAM SERVICE DESCRIPTION	MATERNITY CENTERS, ENSURING SAFE PREGNANCIES AND CHILDBIRTH FOR MOTHERS IN UNDERSERVED COMMUNITIES.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	TO ADDRESSING THE IMMEDIATE NEEDS OF AFFECTED POPULATIONS AND HELPING THEM REBUILD THEIR LIVES IN THE AFTERMATH OF DISASTERS.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>HYGIENE PRACTICES.</p> <ul style="list-style-type: none"> - COMMUNITY INFRASTRUCTURE: INVESTING IN INFRASTRUCTURE SUCH AS BRIDGES, COMMUNITY CENTERS, SOLAR PANELS, AND OTHER COMMUNITY ASSETS SUCH RECREATIONAL AREAS, PLAYGROUNDS. - FOOD SECURITY, NUTRITION, AGRICULTURE AND ANIMAL HUSBANDRY INITIATIVES, INCLUDING THE DISTRIBUTION OF AGRICULTURAL TOOLS, SEEDS, AND TRAINING TO ENABLE COMMUNITIES TO GROW THEIR OWN FOOD AND ACCESS TO LOCAL MARKETS FOR COMMERCIALIZATION. - ECONOMIC EMPOWERMENT: SUPPORTING INCOME-GENERATING ACTIVITIES AND ENTREPRENEURSHIP OPPORTUNITIES TO FOSTER SELF-RELIANCE AND FINANCIAL STABILITY. - SOCIAL DEVELOPMENT: PROMOTING GOVERNANCE STRUCTURES, LEADERSHIP DEVELOPMENT, AND PSYCHOSOCIAL SUPPORT TO STRENGTHEN COMMUNITY RESILIENCE AND COHESION.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$7,562,842 INCLUDING GRANTS OF \$7,073,909)(REVENUE)</p> <p>EDUCATION - EMPLOYING A MULTIDIMENSIONAL APPROACH TO ADDRESS THE DIVERSE NEEDS OF STUDENTS AND COMMUNITIES. FFTP PRIORITIZES ACCESS TO QUALITY EDUCATION BY IMPLEMENTING VARIOUS INTERVENTIONS. THIS INCLUDES THE PROVISION OF EDUCATIONAL MATERIALS TO SCHOOLS, ENSURING THAT STUDENTS HAVE THE NECESSARY RESOURCES TO SUPPORT THEIR LEARNING JOURNEY. ADDITIONALLY, SCHOLARSHIPS FOR AT-RISK YOUTH, WHICH EMPOWER DISADVANTAGED STUDENTS TO PURSUE THEIR EDUCATION WITHOUT FINANCIAL BARRIERS.</p> <p>WE ALSO RECOGNIZE THE IMPORTANCE OF PHYSICAL INFRASTRUCTURE, THUS INVESTING IN BUILDING SCHOOLS AND IMPROVING SCHOOL-LEVEL INFRASTRUCTURE SUCH AS COMPUTER LABS TO CREATE CONDUCIVE LEARNING ENVIRONMENTS. MOREOVER, OUR COMMITMENT EXTENDS TO ADDRESSING STUDENTS' NUTRITIONAL NEEDS THROUGH SCHOOL MEAL PROGRAMS, ENSURING THAT THEY CAN FOCUS ON THEIR STUDIES WITH PROPER NOURISHMENT. FURTHERMORE, WE PRIORITIZE ENHANCING TEACHING QUALITY THROUGH TEACHER TRAINING INITIATIVES, EMPOWERING EDUCATORS WITH THE NECESSARY SKILLS AND PEDAGOGICAL APPROACHES TO DELIVER EFFECTIVE INSTRUCTION.</p> <p>BEYOND TRADITIONAL ACADEMICS, OUR EDUCATION PROGRAM EFFORTS ALSO EMPHASIZE SKILLS TRAINING AND VOCATIONAL EDUCATION, EQUIPPING YOUNG PEOPLE AND ADULTS WITH PRACTICAL SKILLS FOR FUTURE EMPLOYMENT OPPORTUNITIES AND ENTREPRENEURSHIP.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION HAS ONE CLASS OF VOTING MEMBERS. MEMBERS CONSIST OF THE FORMER PRESIDENT/GEO, FORMER SECRETARY, ONE INDIVIDUAL RELATED TO THE FOUNDER, AND ONE INDIVIDUAL RELATED TO BOTH THE FOUNDER AND FORMER PRESIDENT/GEO.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE ONE CLASS OF VOTING MEMBERS OF THE CORPORATION ELECT OR REMOVE THE DIRECTORS OF THE CORPORATION.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE ONE CLASS OF VOTING MEMBERS OF THE CORPORATION PROPOSE AND APPROVE AMENDMENTS MADE TO THE BYLAWS OF THE CORPORATION. IN ORDER FOR AMENDMENTS TO THE BYLAWS TO BECOME EFFECTIVE, THE SAME MUST BE APPROVED BY AN AFFIRMATIVE VOTE OF NOT LESS THAN 50% OF THE MEMBERS OF THE CORPORATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND AN INITIAL DRAFT OF THE FORM 990 IS REVIEWED BY THE PRESIDENT, CFO, AND CONTROLLER FOR ACCURACY BEFORE THE RETURN IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO THE AUDIT COMMITTEE AND BOARD FOR REVIEW AND APPROVAL BEFORE FILING WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	FOOD FOR THE POOR MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ANNUAL RELATED PARTY CONFIRMATIONS SIGNED BY MEMBERS OF THE BOARD, OFFICERS, AND BY KEY EMPLOYEES. EXECUTIVE MANAGEMENT AND HR PERSONNEL 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.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 OFFICERS AND KEY EMPLOYEES BY USING COMPARATIVE MARKET DATA. DELIBERATION REGARDING THESE DECISIONS IS RECORDED IN THE BOARD MINUTES.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE NARRATIVE FOR FORM 990, PART VI, LINE 15A.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.
SCHEDULE F, PART II, LINE 2 -	ALTHOUGH THERE ARE 76 GRANTS LISTED BY REGION IN SCHEDULE F, PART II, SOME OF THESE REPRESENT GRANTS TO THE SAME 501(C)(3) EQUIVALENT ORGANIZATIONS AND ARE ONLY COUNTED ONCE FOR PURPOSES OF LINE 2.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
FOOD FOR THE POOR, INC.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number
59-2174510

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOOD FOR THE POOR FOUNDATION, INC. (65-0469691) 6401 LYONS ROAD, COCONUT CREEK, FL 33073	FUNDRAISING	FL	501(C)(3)	10	FOOD FOR THE POOR, INC.	<input checked="" type="checkbox"/>	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													