

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

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

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

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

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

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

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

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

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

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

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning and ending**

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.		D Employer identification number 59-2174510	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6401 LYONS ROAD		E Telephone number (954) 427-2222	
	City or town, state or province, country, and ZIP or foreign postal code COCONUT CREEK, FL 33073-3602		G Gross receipts \$ 413,824,001.	
	F Name and address of principal officer: EDWARD RAINE SAME AS C ABOVE		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 H(c) Group exemption number	
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	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AID TO IMPROVE THE HEALTH, ECONOMIC, SOCIAL, AND SPIRITUAL CONDITIONS OF THE POOR.		
	2 Check this box 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	364
	6 Total number of volunteers (estimate if necessary)	6	1789
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	453,249,650.	411,518,002.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	680,383.	253,582.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-61,996.	333,450.
		453,868,037.	412,105,034.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	393,090,990.	346,344,950.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,256,581.	27,699,656.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	341,067.	483,169.
	b Total fundraising expenses (Part IX, column (D), line 25)	37,535,987.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,636,421.	43,163,495.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	468,325,059.	417,691,270.
	19 Revenue less expenses. Subtract line 18 from line 12	-14,457,022.	-5,586,236.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	43,475,098.	42,992,059.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,895,994.	15,793,435.
		32,579,104.	27,198,624.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	EDWARD RAINE, PRESIDENT/CEO			
Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed
	DAREN DAIGA	DAREN DAIGA	11/03/25	☐
Firm's name CRI CAPIN CROUSE ADVISORS, LLC			PTIN P01074795	
Firm's address 345 MASSACHUSETTS AVE, STE 300 INDIANAPOLIS, IN 46204			Firm's EIN 33-2621854	
			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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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. (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 ☒ 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 ☒ 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 \$ 219,769,372. including grants of \$ 214,616,951.) (Revenue \$ 0.)
HEALTH - IN 2024, FOOD FOR THE POOR SHIPPED 304 TRACTOR- TRAILER LOADS
OF LIFESAVING MEDICINES, MEDICAL SUPPLIES AND EQUIPMENT, PERSONAL
PROTECTION EQUIPMENT SUCH AS MASKS, SANITIZER, AND OTHER CRITICAL
ESSENTIALS TO HELP MAINTAIN CLINICS, HOSPITALS, AND MEDICAL-CARE
CENTERS TO PROVIDE MUCH NEEDED MEDICAL CARE TO POVERTY-STRICKEN
CHILDREN AND FAMILIES.
IN A SIGNIFICANT STEP TOWARD IMPROVING MATERNAL AND CHILD HEALTH, FFTP,
CEPUDO, AND FUNAZUCAR LAUNCHED THE "FOR YOU AND YOUR BABY" CAMPAIGN.
THIS INITIATIVE AIMS TO DISTRIBUTE PRENATAL VITAMINS PROVIDED BY FFTP
DONORS TO MORE THAN 135,000 PREGNANT AND BREASTFEEDING WOMEN ACROSS SIX
DEPARTMENTS IN HONDURAS. (CONTINUED ON SCHEDULE O).

4b (Code:) (Expenses \$ 107,873,683. including grants of \$ 94,095,500.) (Revenue \$ 0.)
BASIC NEEDS - THE CHARITY SHIPPED 2,160 TRACTOR-TRAILER LOADS OF
ESSENTIAL GOODS VALUED AT MORE THAN \$314 MILLION IN 2024.
FFTP PROVIDED FOOD FOR 207.9 MILLION MEALS FOR HUNGRY CHILDREN AND
FAMILIES. ALSO IN 2024, FFTP CONTINUED TO RAMP UP PURCHASING FOOD
LOCALLY IN THE COUNTRIES WHERE IT SERVES, REDUCING INTERNATIONAL
SHIPPING COSTS AND GETTING RESOURCES SOONER TO THE FAMILIES WHO NEED
THEM MOST.
FFTP DISTRIBUTES AID TO SUPPORT THE FEEDING, CLOTHING, AND SHELTERING
OF CHILDREN AND FAMILIES LIVING IN POVERTY. FOR THOSE ALREADY
STRUGGLING WITH THE HARDSHIP OF POVERTY IN HAITI, THE SUFFERING WAS
AMPLIFIED IN 2024 WITH CIVIL UNREST AND GANG VIOLENCE DISPLACING MORE
THAN 1 MILLION PEOPLE. (CONTINUED ON SCHEDULE O).

4c (Code:) (Expenses \$ 33,195,567. including grants of \$ 31,655,486.) (Revenue \$ 0.)
COMMUNITY SUPPORT & DEVELOPMENT - WATER WELLS, AGRICULTURAL TOOLS,
SEEDS, TRAINING, AND OTHER GRANTS WERE DISTRIBUTED ENABLING ENTIRE
COMMUNITIES TO GROW THEIR OWN FOOD. AQUACULTURE PONDS, FISHING
VILLAGES, FRUIT TREE NURSERIES, ANIMAL HUSBANDRY PROJECTS AND OTHER
PROGRAMS WE HAVE FUNDED GIVE CHILDREN AND FAMILIES LIVING IN POVERTY
FRESH HOPE FOR A BETTER TOMORROW.
THE CHARITY CONTINUED TO FOCUS ON BUILDING LIVES AS WELL AS BUILDING
HOMES AND SCHOOLS, MONITORING ITS PROGRESS TO ENSURE BETTER OUTCOMES
AND SUSTAINED IMPACT, AND BEING RESILIENT IN HOW IT RESPONDS TO
EMERGENCIES. (CONTINUED ON SCHEDULE O).

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

(Expenses \$ 6,256,285. including grants of \$ 5,977,012.) (Revenue \$ 0.)

4e Total program service expenses 367,094,907.Form **990** (2024)

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	121
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	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	364
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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	X
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	X
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	1a 12		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 10		
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?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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?	16a	X
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, LA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ 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 - (954) 427-2222
6401 LYONS ROAD, COCONUT CREEK, FL 33073-3602

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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	50.00	X		X				305,732.	0.	36,702.
(2) MARK A KHOURI EVP/COO	50.00			X				234,311.	0.	35,758.
(3) VIVIAN A BORJA EVP/CHIEF MARKETING OFFICER	50.00				X			219,167.	0.	47,012.
(4) MICHELLE S. GOLLAPALLI EVP & CHIEF DEVELOPMENT OFFICER	50.00				X			250,618.	0.	13,647.
(5) GAIL HAMATY-BIRD EVP/GEN. COUNSEL /SECRETARY	50.00			X				173,602.	0.	44,455.
(6) JEFFREY ALEXANDER EVP & CHIEF ADMINISTRATIVE OFFICER	50.00			X				197,468.	0.	20,225.
(7) NICOLAS F ARGUELLO EVP/CHIEF STRATEGY & IMPACT OFFICER	50.00				X			189,092.	0.	2,838.
(8) JAVIER A RAMIREZ SR.DIR. PROC & FULFILLMENT	40.00					X		166,442.	0.	18,215.
(9) MICHAEL R CHIN QUEE EVP CHURCH ALLIANCES	40.00				X			156,087.	0.	23,156.
(10) ARLENE VELAZQUEZ EVP & CHIEF HUMAN RESOURCES OFFICER	50.00					X		148,465.	0.	18,954.
(11) RAY A. BARRETT CONTROLLER/SR. DIR. ACCOUNTING & FIN	40.00					X		132,850.	0.	19,130.
(12) LEANN T. CHONG DIR. ANGELS OF HOPE, MISSIONS & TRAV	40.00					X		133,953.	0.	17,736.
(13) BARBARA H. MARI SR. DIR. MAJOR & REGIONAL GIVING	40.00					X		141,434.	0.	7,412.
(14) P.TODD KENNEDY CHAIRMAN	1.00	X		X				0.	0.	0.
(15) BILL BENSON VICE-CHAIRMAN/TREASURER	1.00	X		X				0.	0.	0.
(16) THE RT REV LEOPOLD FRADE DIRECTOR	1.00	X						0.	0.	0.
(17) RHONDA MAINGOT DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) CARD RODRIGUEZ MARADIAGA DIRECTOR	1.00	X						0.	0.	0.
(19) MOST REV. BURCHELL MCPHERSON DIRECTOR	1.00	X						0.	0.	0.
(20) DR. LYNNE G NASRALLAH DIRECTOR	1.00	X						0.	0.	0.
(21) VERY REV MON GREGORY RAMKISSOON DIRECTOR	1.00	X						0.	0.	0.
(22) LINDA COELLO DIRECTOR	1.00	X						0.	0.	0.
(23) PASTOR BILL MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(24) DENNIS NORTH DIRECTOR	1.00	X						0.	0.	0.
(25) ROBIN MAHFOOD DIRECTOR (PART YEAR)	1.00	X						0.	0.	0.
1b Subtotal								2,449,221.	0.	305,240.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,449,221.	0.	305,240.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROKO CONSULTING LLC 3583 CENTRAL PARKWAY, DUBLIN, CA 94568	MARKETING CONSULTING	729,893.
HISPANIC GROUP CORPORATION, 8400 NW 36TH STREET, SUITE 450, DORAL, FL 33166	MARKETING AND ADVERTISING	304,987.
CATAPULT FUNDRAISING, INC, 2651 N GREEN VALLEY PARKWAY, SUITE 102, HENDERSON, NV	PROGRAM DESIGN & SETUP	149,000.

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

3

Form **990** (2024)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	61,628.				
	b Membership dues	1b					
	c Fundraising events	1c	953,822.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,266,771.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	397,235,781.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 294,555,718.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			158,885.			158,885.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 92,762.				
	b Less: rental expenses ...	6b	69,945.				
	c Rental income or (loss)	6c	22,817.				
	d Net rental income or (loss)			22,817.			22,817.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 1,646,138.				
	b Less: cost or other basis and sales expenses	7b	1,551,441.				
	c Gain or (loss)	7c	94,697.				
	d Net gain or (loss)			94,697.			94,697.
	8 a Gross income from fundraising events (not including \$ 953,822. of contributions reported on line 1c). See Part IV, line 18	8a	88,012.				
	b Less: direct expenses	8b	97,581.				
	c Net income or (loss) from fundraising events		-9,569.				
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS INCOME		900099	320,202.			320,202.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			320,202.			
12 Total revenue. See instructions			412,105,034.	0.	0.	587,032.	

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 ...	933,969.	933,969.		
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	345,410,981.	345,410,981.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,949,870.		1,949,870.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	317,472.	175,614.		141,858.
7 Other salaries and wages	20,196,770.	4,210,562.	4,187,643.	11,798,565.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	345,632.	66,621.	89,759.	189,252.
9 Other employee benefits	3,310,459.	731,518.	648,657.	1,930,284.
10 Payroll taxes	1,579,453.	320,639.	422,865.	835,949.
11 Fees for services (nonemployees):				
a Management				
b Legal	95,346.		95,346.	
c Accounting	85,459.		85,459.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	483,169.			483,169.
f Investment management fees	28,843.		28,843.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	424,476.	25,500.	279,191.	119,785.
12 Advertising and promotion	13,825,558.	13,798.	56,120.	13,755,640.
13 Office expenses	8,179,217.	170,801.	1,821,247.	6,187,169.
14 Information technology	2,726,722.	38,470.	2,368,484.	319,768.
15 Royalties				
16 Occupancy	563,671.	171,888.	106,068.	285,715.
17 Travel	1,517,224.	220,037.	107,703.	1,189,484.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	152,343.	22,954.	5,555.	123,834.
20 Interest	1,736.			1,736.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	398,192.	130,890.	180,042.	87,260.
23 Insurance	452,104.		452,104.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FREIGHT	14,411,651.	14,366,239.	8,543.	36,869.
b LOCAL TAXES & FEES	130,142.	53,756.	37,445.	38,941.
c				
d				
e All other expenses	170,811.	30,670.	129,432.	10,709.
25 Total functional expenses. Add lines 1 through 24e	417,691,270.	367,094,907.	13,060,376.	37,535,987.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	8,231,053.	1	3,767,663.
	2 Savings and temporary cash investments	8,359,259.	2	10,479,527.
	3 Pledges and grants receivable, net	3,132,461.	3	2,555,387.
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,197,118.	9	3,281,626.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,495,401.		
	b Less: accumulated depreciation	10b 8,908,321.		
	11 Investments - publicly traded securities	10,987,089.	10c	10,587,080.
	12 Investments - other securities. See Part IV, line 11	8,974,890.	11	10,175,604.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,593,228.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,475,098.	15	2,145,172.	
Liabilities	17 Accounts payable and accrued expenses	6,345,697.	16	42,992,059.
	18 Grants payable		17	11,536,189.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	4,550,297.	24	
	26 Total liabilities. Add lines 17 through 25	10,895,994.	25	4,257,246.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26
27 Net assets without donor restrictions		21,546,195.		
28 Net assets with donor restrictions		11,032,909.		
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			27	15,743,458.
30 Paid-in or capital surplus, or land, building, or equipment fund			28	11,455,166.
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances		32,579,104.	29	
33 Total liabilities and net assets/fund balances		43,475,098.	30	

Form **990** (2024)

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	412,105,034.
2	Total expenses (must equal Part IX, column (A), line 25)	2	417,691,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,586,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,579,104.
5	Net unrealized gains (losses) on investments	5	352,174.
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	-146,418.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,198,624.

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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

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)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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). _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	754,904,577.	856,411,954.	490,774,351.	453,249,650.	411,518,002.	2966858534.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	754,904,577.	856,411,954.	490,774,351.	453,249,650.	411,518,002.	2966858534.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2966858534.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	754,904,577.	856,411,954.	490,774,351.	453,249,650.	411,518,002.	2966858534.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	210,016.	289,940.	428,131.	350,857.	251,647.	1,530,591.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,472.	70,824.	26,108.	14,627.	320,202.	453,233.
11 Total support. Add lines 7 through 10						2968842358.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.93	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.95	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐	

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
b 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>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	☐ 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) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**Schedule B
(Form 990)**(Rev. December 2024)
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

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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	Employer identification number
FOOD FOR THE POOR, INC.	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		\$ 88,245,229.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		\$ 47,010,652.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		\$ 41,191,871.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		\$ 24,051,067.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		\$ 14,714,978.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		\$ 11,994,114.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Employer identification number

59-2174510

Part I

[illegible]

Name of organization	Employer identification number
FOOD FOR THE POOR, INC.	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) (See instructions.)	(d) Date received
1	PHARMACEUTICALS, ASSORTED MEDICAL AND HOUSEHOLD SUPPLIES	\$ 88,245,229.	12/31/24
2	ASSORTED MEDICAL & HOUSEHOLD GOODS, CLOTHING, FABRIC, BLANKETS, PAINT AND PERSONAL CARE ITEMS	\$ 47,010,652.	12/31/24
3	PHARMACEUTICALS, TEXTBOOKS, ASSORTED MEDICAL & HOUSEHOLD SUPPLIES, FURNITURE AND EQUIPMENT.	\$ 41,191,871.	12/31/24
4	RICE AND SOY PROTEIN MEALS	\$ 24,029,567.	12/31/24
5	HOUSEHOLD SUPPLIES, DIAPERS, FOOTWEAR, CLOTHES	\$ 14,714,978.	12/31/24
6	PHARMACEUTICALS, ASSORTED MEDICAL SUPPLIES & HOUSEHOLD ITEMS	\$ 11,994,114.	12/31/24

Employer identification number

59-2174510

Part II

[illegible]

Name of organization	Employer identification number
FOOD FOR THE POOR, INC.	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 info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table with columns: Held at the End of the Tax Year, 2a, 2b, 2c, 2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with multiple sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	314,096.	273,404.	317,763.	277,146.	249,661.
b Contributions					
c Net investment earnings, gains, and losses	41,596.	40,692.	-44,359.	40,617.	27,485.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	355,692.	314,096.	273,404.	317,763.	277,146.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,952,144.		3,952,144.
b Buildings		11,436,370.	5,123,603.	6,312,767.
c Leasehold improvements				
d Equipment		3,958,321.	3,636,152.	322,169.
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))				10,587,080.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	4,257,246.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,257,246.

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 ... ☐

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	412,595,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	352,174.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	167,526.
e	Add lines 2a through 2d	2e	519,700.
3	Subtract line 2e from line 1	3	412,076,191.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,843.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,843.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	412,105,034.

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

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

1	Total expenses and losses per audited financial statements	1	417,976,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	313,944.
e	Add lines 2a through 2d	2e	313,944.
3	Subtract line 2e from line 1	3	417,662,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,843.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	28,843.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	417,691,270.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INTENT OF THE ENDOWED FUNDS IS TO HELP FURTHER THE MISSION OF FOOD FOR THE POOR, INC.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	69,945.
FUNDRAISING EVENT EXPENSES	97,581.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	167,526.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	69,945.
FUNDRAISING EVENT EXPENSES	97,581.
UNCOLLECTIBLE PLEDGES	146,418.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	313,944.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	16	GRANTMAKING		334,969,144.
NORTH AMERICA (CANADA & MEXICO ONLY)	0	1	GRANTMAKING		484,332.
SOUTH AMERICA	0	2	GRANTMAKING		9,957,505.
3 a Subtotal	1	19			345,410,981.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	19			345,410,981.

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	283,431.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	27,400.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	78,926.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	15,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	167,116.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,624.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	844,150.	CHECK OR WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 73

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (H) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	116,052.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	198,750.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	123,696.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	680,487.	CHECK OR WIRE TRANSFER	4,383,451.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	114,114.	CHECK OR WIRE TRANSFER	128,402,804.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	53,199.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	40,890.	CHECK OR WIRE TRANSFER	2,091,018.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	355,339.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	514,666.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	152,284.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	44,905.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	10,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	1,463,076.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	13,814,264.	CHECK OR WIRE TRANSFER	39,489,228.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	7,537,288.	CHECK OR WIRE TRANSFER	15,600,638.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	221,343.	CHECK OR WIRE TRANSFER	6,085,493.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	2,000,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	406,864.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	62,946.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	24,523,492.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,009.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	150,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	135,642.	CHECK OR WIRE TRANSFER	3,733,355.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	519,904.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	45,000.	CHECK OR WIRE TRANSFER	2,384,789.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	137,375.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	9,146,835.	CHECK OR WIRE TRANSFER	26,459,267.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	515,031.	CHECK OR WIRE TRANSFER	1,593,153.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	100,537.	CHECK OR WIRE TRANSFER	469,522.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	560,661.	CHECK OR WIRE TRANSFER	4,843,653.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	151,070.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	112,201.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	234,739.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	17,577.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	280.	CHECK OR WIRE TRANSFER	18,159.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	8,609.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	14,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	24,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	16,500.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	39,000.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	466,333.	CHECK OR WIRE TRANSFER	1,856,662.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	34,022.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	266,334.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	149,923.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	31,220.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	136,424.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	4,346,937.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	162,586.	CHECK OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	955,839.	CHECK OR WIRE TRANSFER	16,021,777.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	0.	CHECK OR WIRE TRANSFER	3,287,787.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	4,685,490.	CHECK OR WIRE TRANSFER	1,152,189.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AID	24,000.	CHECK OR WIRE TRANSFER	0.		
		NORTH AMERICA	CHARITABLE AID	252,000.	CHECK OR WIRE TRANSFER	0.		
		NORTH AMERICA	CHARITABLE AID	9,998.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CHARITABLE AID	7,500.	CHECK OR WIRE TRANSFER	0.		
		NORTH AMERICA	CHARITABLE AID	214,834.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	7,983.	CHECK OR WIRE TRANSFER	1,442,435.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		SOUTH AMERICA	CHARITABLE AID	40,921.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	80,000.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	554,331.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	2,068,160.	CHECK OR WIRE TRANSFER	5,117,103.	CLOTHING, PERSONAL CARES, HOUSEHOLD, MEDICAL SUPPLIES,	FMV
		SOUTH AMERICA	CHARITABLE AID	11,890.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	85,475.	CHECK OR WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHARITABLE AID	99,959.	CHECK OR WIRE TRANSFER	0.		
		SOUTH AMERICA	CHARITABLE AID	446,318.	CHECK OR WIRE TRANSFER	0.		

Part III

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

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

PART I, LINE 2:

FEEDBACK REPORTS ARE RECEIVED DETAILING HOW GOODS AND GRANTS ARE USED IN
THE FIELD. EMAIL, PHONE CALLS, AND OTHER CORRESPONDENCE ARE MADE TO
COMMUNICATE FEEDBACK AS WELL.

PART I, LINE 3:

ACCRUAL

PART II, COLUMN (H):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

Part V Supplemental Information

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

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

REGION: SOUTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, PERSONAL CARES,
HOUSEHOLD, MEDICAL SUPPLIES, FOOD, BUILDING SUPPLIES

Part V	Supplemental Information
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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.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
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.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] 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.

Table with 6 columns: (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. Includes rows for HISPANIC GROUP CORP., INFOCISION MANAGEMENT CORP., LISTEN TRUST, and CATAPULT FUNDRAISING, INC.

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, WI, WV, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA - CELEBRATION OF HOPE ORLANDO	GALA - SE BOCA GRANDE	19		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	464,558.	164,687.	412,589.	1,041,834.
	2	Less: Contributions	464,558.	164,687.	324,577.	953,822.
	3	Gross income (line 1 minus line 2)			88,012.	88,012.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	1,375.	5,916.	90,290.	97,581.
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				97,581.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-9,569.

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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HISPANIC GROUP CORP.

(I) ADDRESS OF FUNDRAISER: 8400 NW 36TH STREET, SUITE 450, DORAL, FL 33166

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.

(I) ADDRESS OF FUNDRAISER: PO BOX 932441, CLEVELAND, OH 44193

(I) NAME OF FUNDRAISER: LISTEN TRUST

(I) ADDRESS OF FUNDRAISER:

89 LARRABEE ROAD, 2ND FLOOR, WESTBROOK, ME 04092

(I) NAME OF FUNDRAISER: CATAPULT FUNDRAISING, INC

(I) ADDRESS OF FUNDRAISER:

2651 N GREEN VALLEY PARKWAY, SUITE 102, HENDERSON, NV 89014

SCHEDULE G, PART 1

Part IV Supplemental Information *(continued)*

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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
BETH-EL FARMWORKER MINISTRY 18240 US HWY 301 S WIMAUMA, FL 33598	59-3004876	501(C)(3)	0.	6,320.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
BOCA RATON HOUSIING AUTHORITY 2333 GLADES RD BOCA RATON, FL 33431	25-1753470	501(C)(3)	0.	27,395.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
CATHOLIC CHARITES DIOCESE OF ST. PETERSBURG, INC. - 1213 16TH ST. - ST. PETERSBURG, FL 33075	59-0875805	501(C)(3)	52,501.	17,024.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
CATHOLIC CHARITIES OF ACADIANA 405 ST. JOHN STREET, PO BOX 3177 LAFAYETTE, LA 70502	72-0977497	501(C)(3)	14,423.	10,304.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
CATHOLIC CHARITIES OF ARCHDIOCESE OF GALVESTON-HOUSTON - 1000 S. LOOP W., SUITE 150 - HOUSTON, TX 77054	74-1109733	501(C)(3)	9,648.	0.			EMERGENCY RELIEF
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - 987 AIRWAY COURT - SANTA ROSA, CA 95403	94-2479393	501(C)(3)	5,528.	1,600.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE RALEIGH, INC. - 7200 STONEHENGE DRIVE - RALEIGH, NC 27613	56-0629943	501(C)(3)	9,943.	14,784.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
FIRST BAPTIST CHURCH OF PINE ISLAND - 5363 AVE. D - BOKEELIA, FL 33922	59-2329199	501(C)(3)	32,615.	11,443.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
FLORIDA BAPTIST CONVENTION-SOUTHEAST REGIONAL CENTER - 145 EAST 7TH STREET - HIALEAH, FL 33010	59-0737874	501(C)(3)	0.	182,038.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
FLORIDA CATHOLIC CONFERENCE-EMERGENCY MANAGEMENT - 201 WEST PARK AVENUE - TALLAHASSEE, FL 32301	45-4863384	501(C)(3)	11,121.	229,650.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
FR. MICHAEL'S MISSION, INC. 200 HOWARD STREET SUITE 104 LA PLATA, MD 20646	83-4253414	501(C)(3)	0.	48,135.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
IGLESIA BAUTISTA DE JESUCRISTO 214 2ND ST IMMOKALEE, FL 33934	65-0642674	501(C)(3)	19,965.	11,322.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
LIBERTY MOVEMENT MINISTRY, INC 9449 SAVANNA ESTATES DR LAKE WORTH, FL 33467	27-0849384	501(C)(3)	7,500.	0.			CHARITABLE AID
OFF-THE-GRID MISSIONS 9528 MIRAMAR RD 1115 SAN DIEGO, CA 92126	82-2044193	501(C)(3)	0.	72,342.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
OUR LITTLE ROSES PO BOX 530947 MIAMI SHORES, FL 33153-0947	54-1663713	501(C)(3)	60,000.	0.			EMERGENCY RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINELLAS HOPE / CATHOLIC CHARITIES 5726 126TH AVE N. CLEARWATER, FL 33760	59-0875805	501(C)(3)	8,523.	0.			EMERGENCY RELIEF
SEND RELIEF, INC. 4200 NORTH POINT. PKWY ALPHARETTA, GA 30022	75-1977130	501(C)(3)	25,000.	0.			EMERGENCY RELIEF
SOCIETY OF ST. VINCENT DE PAUL 9401 BISCAYNE BLVD. MIAMI SHORES, FL 33138	65-0681310	501(C)(3)	0.	23,115.	FMV	EMERGENCY RELIEF	EMERGENCY RELIEF
SOMERS LIONS CLUB PO BOX 95 SOMERS, NY 10589	13-0146889	501(C)(3)	6,300.	0.			CHARITABLE AID
TEAM OF LIFE 2136 NW 8TH STREET FORT LAUDERDALE, FL 33311	65-0979102	501(C)(3)	7,500.	0.			CHARITABLE AID

Schedule I (Form 990)

Part III

Part IV

PART I, LINE 2:

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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)	304,416.	1,316.	0.	6,277.	30,425.	342,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK A KHOURI EVP/COO	(i)	231,673.	2,638.	0.	7,350.	28,408.	270,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIVIAN A BORJA EVP/CHIEF MARKETING OFFICER	(i)	217,852.	1,315.	0.	7,082.	39,930.	266,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE S. GOLLAPALLI EVP & CHIEF DEVELOPMENT OFFICER	(i)	247,898.	2,720.	0.	673.	12,974.	264,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GAIL HAMATY-BIRD EVP/GEN. COUNSEL /SECRETARY	(i)	170,859.	2,743.	0.	5,850.	38,605.	218,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY ALEXANDER EVP & CHIEF ADMINISTRATIVE OFFICER	(i)	194,846.	2,622.	0.	5,850.	14,375.	217,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLAS F ARGUELLO EVP/CHIEF STRATEGY & IMPACT OFFICER	(i)	187,788.	1,304.	0.	939.	1,899.	191,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAVIER A RAMIREZ SR.DIR. PROC & FULFILLMENT	(i)	165,121.	1,321.	0.	2,495.	15,720.	184,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL R CHIN QUEE EVP CHURCH ALLIANCES	(i)	153,344.	2,743.	0.	4,719.	18,437.	179,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ARLENE VELAZQUEZ EVP & CHIEF HUMAN RESOURCES OFFICER	(i)	147,144.	1,321.	0.	4,443.	14,511.	167,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RAY A. BARRETT CONTROLLER/SR. DIR. ACCOUNTING & FIN	(i)	131,529.	1,321.	0.	3,987.	15,143.	151,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LEANN T. CHONG DIR. ANGELS OF HOPE, MISSIONS & TRAV	(i)	132,632.	1,321.	0.	3,979.	13,757.	151,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
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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.

PART I, LINE 7:

ALL STAFF WERE PROVIDED A DISCRETIONARY CHRISTMAS BONUS BASED ON THEIR CLASSIFICATION AS FULL OR PART-TIME.

SCHEDULE L
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization	Employer identification number
FOOD FOR THE POOR, INC.	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)				

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

FOOD FOR THE POOR, INC.

Employer identification number

59-2174510

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		48,506,958.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	847	35,443,509.	COST
20 Drugs and medical supplies	X	8,665	201,395,561.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (BUILDING MATERI)	X	351	6,063,548.	COST
26 Other (OTHER MISC. ITE)	X	449	2,275,374.	COST
27 Other (EDUCATIONAL ITE)	X	215	870,768.	COST
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS
RECEIVED, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, PART I, LINE 20

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. 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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MATERIALLY POOR ARE SERVED BY LOCAL CHURCHES, CLERGY, AND LAY
LEADERS WHO HAVE BEEN EMPOWERED AND SUPPLIED WITH GOODS BY FOOD FOR THE
POOR. THE POOR IN SPIRIT ARE RENEWED BY THEIR RELATIONSHIP WITH AND
SERVICE TO THE POOR THROUGH OUR DIRECT MINISTRY OF TEACHING,
ENCOURAGEMENT, AND PRAYER. ULTIMATELY, WE SEEK TO BRING BOTH
BENEFACTORS AND RECIPIENTS TO A CLOSER UNION WITH OUR LORD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE CAMPAIGN IS BEING ADMINISTERED THROUGH 80 HEALTH CENTERS WITH THE
BACKING OF SIX SUGAR COMPANIES AND REGIONAL HEALTH OFFICES. THE "FOR
YOU AND YOUR BABY" CAMPAIGN ALSO IS CONDUCTING AWARENESS SESSIONS ABOUT
THE IMPORTANCE OF VITAMIN SUPPLEMENTS. THESE SESSIONS, SUPPORTED BY
MEDICAL STAFF AT EACH HEALTH CENTER, WILL EDUCATE WOMEN ON THE BENEFITS
OF PRENATAL VITAMINS FOR THE GROWTH OF BABIES AND THE STRENGTHENING OF
THEIR IMMUNE SYSTEMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FFTP IS UNIQUELY POSITIONED TO RESPOND IN HAITI BECAUSE WE HAVE BEEN ON
THE GROUND PROVIDING SUPPORT IN THE COUNTRY SINCE 1986 AND CONTINUES TO
PROVIDE MUCH-NEEDED AID.
SOME OF THE HIGHLIGHTS OF ASSISTANCE IN 2024 INCLUDE:
-ASSEMBLING VOLUNTEERS IN FFTP'S COCONUT CREEK, FLA., HEADQUARTERS TO
PACK 19,000 PERSONAL HYGIENE KITS. ITEMS FOR THE KITS WERE SUPPLIED BY
MAP INTERNATIONAL, AND FFTP PURCHASED ITEMS FOR AN ADDITIONAL 30,000
KITS, WHICH INCLUDE ESSENTIAL ITEMS SUCH AS SOAP, TOOTHPASTE, AND
SANITARY PRODUCTS.
-PURCHASING SUPPLIES TO ASSEMBLE 15,000 WOMEN'S CARE KITS, AS WELL AS
140 PALLETS OF MANNAPACK RICE MEALS, EQUAL TO MORE THAN 5,000 CASES,
FROM PARTNER FEED MY STARVING CHILDREN.
-SECURING COMMITMENTS FOR 20,000 HYGIENE KITS FROM HEART TO HEART
INTERNATIONAL AND 3,200 FAMILY EMERGENCY KITS OF ESSENTIAL ITEMS, SUCH
AS HYGIENE PRODUCTS, WATER PURIFICATION SACHETS, BUCKETS, AND
SOLAR-POWERED LIGHTS, FROM GLOBALMEDIC.
-SUPPORTING FFTP-HAITI AS IT DISPATCHED 17 TRUCKS WITH DONATIONS IN
APRIL TO DISTRIBUTION CENTERS IN THE SOUTH, THE NORTH AND THE CENTRE;
IN MAY, 27 TRUCKS WERE SENT TO THE SOUTH, THE NORTH AND ARTIBONITE,
USING A BARGE SERVICE PROVIDED BY THE WORLD FOOD PROGRAMME.
FFTP-HAITI'S PORT-AU-PRINCE OFFICE ALSO PROVIDED AID TO 1,450
ORGANIZATIONS, WHILE 260 ORGANIZATIONS RECEIVED AID FROM THE CHARITY'S
CARACOL OFFICE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
IN EARLY 2024, FFTP BEGAN THE IMPLEMENTATION OF A SUSTAINABLE COMMUNITY
DEVELOPMENT (SCD) PROJECT IN GUATEMALA. SCDS, WHICH TYPICALLY TAKES
ABOUT FIVE YEARS TO COMPLETE, INVOLVE IDENTIFYING AND ADDRESSING
ECONOMIC, SOCIAL, AND SPIRITUAL CHALLENGES THAT ARISE IN A COMMUNITY,
AND EMPOWERING FAMILIES TO BE SELF-SUFFICIENT AND ABLE TO THRIVE
LONG-TERM. FFTP IS CURRENTLY IMPLEMENTING 15 SCD PROJECTS, WITH
LOCATIONS IN GUATEMALA, COLOMBIA, EL SALVADOR, HONDURAS, AND NICARAGUA.

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

ON DEC. 7, 2024, FFTP MARKED A HISTORIC MILESTONE WITH A CEREMONIAL GROUNDBREAKING FOR THE ZION ENTREPRENEURIAL COMMUNITY, THE CHARITY'S FIRST SCD IN JAMAICA. THE DEVELOPMENT IS BEING CREATED IN PARTNERSHIP WITH ENTREPRENEURS ACROSS BORDERS AND THE UPMOBILITY FOUNDATION. THE CATHOLIC CHURCH AND THE DIOCESE OF MONTEGO BAY GENEROUSLY DONATED THE LAND FOR THE COMMUNITY, WHICH IS LOCATED ON JAMAICA'S NORTHERN COAST WITHIN THE MARTHA BRAE COMMUNITY IN THE PARISH OF TRELAWNY. PALMA REAL, LOCATED IN GRANADA, COLOMBIA, IS THE FIRST LARGE-SCALE SUSTAINABLE COMMUNITY DEVELOPMENT CONSTRUCTED BY FFTP AND A TRUSTED PARTNER. THE CHARITY ALSO PARTNERED IN A SEED-TO-MARKET PROGRAM FOR RURAL SMALLHOLDER FARMING FAMILIES. THE RESULTING FOOD IS DIRECTED TO EXISTING FFTP FEEDING PROGRAMS, PROVIDING LOCALLY SOURCED MEALS AND SNACKS TO CHILDREN IN COLOMBIA AND HAITI.

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

EDUCATION - IN 2024, FFTP BUILT 84 NEW CLASSROOMS AND REPAIRED TWO SCHOOLS. THE CHARITY ALSO SHIPPED ONE CONTAINER OF EDUCATION-RELATED GOODS, INCLUDING SCHOOL FURNITURE, BOOKS, AND EDUCATIONAL SUPPLIES TO SCHOOLS, PROVIDING CHILDREN WITH VALUABLE TOOLS FOR LEARNING. IN ADDITION TO BUILDING SCHOOLS AND PROVIDING SUPPLIES, FFTP ALSO SUPPORTS SCHOOL FEEDING PROGRAMS IN THE COUNTRIES WHERE WE SERVE. FOR MANY VULNERABLE CHILDREN, THE NUTRITIOUS FOOD THEY RECEIVE AT SCHOOL MAY BE THEIR ONLY MEAL OF THE DAY. THE MEALS NOT ONLY HELP A CHILD CONCENTRATE, LEARN, AND DEVELOP, BUT THEY ALSO SERVE AS A POWERFUL INCENTIVE FOR PARENTS TO SEND THEIR CHILDREN TO SCHOOL. EXPENSES \$ 6,256,285. INCLUDING GRANTS OF \$ 5,977,012. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF VOTING MEMBERS. MEMBERS CONSIST OF THE FORMER PRESIDENT/CEO, FORMER SECRETARY, ONE INDIVIDUAL RELATED TO THE FOUNDER, AND ONE INDIVIDUAL RELATED TO BOTH THE FOUNDER AND FORMER PRESIDENT/CEO.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ONE CLASS OF VOTING MEMBERS OF THE CORPORATION ELECT OR REMOVE THE DIRECTORS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ONE CLASS OF VOTING MEMBERS OF THE CORPORATION PROPOSE AND APPROVE AMENDMENTS MADE TO THE BYLAWS OF THE CORPORATION. IN ORDER FOR AMENDMENTS TO THE BYLAWS TO BECOME EFFECTIVE, THE SAME MUST BE APPROVED BY AN AFFIRMATIVE VOTE OF NOT LESS THAN 50% OF THE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND AN INITIAL DRAFT OF THE FORM 990 IS REVIEWED BY THE PRESIDENT, CFO, AND CONTROLLER FOR ACCURACY BEFORE THE RETURN IS FILED. THE APPROVED DRAFT OF THE FORM 990 IS SENT TO THE AUDIT COMMITTEE AND BOARD FOR REVIEW AND APPROVAL BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

FOOD FOR THE POOR MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ANNUAL RELATED PARTY CONFIRMATIONS SIGNED BY MEMBERS OF THE BOARD, OFFICERS, AND BY KEY EMPLOYEES. EXECUTIVE MANAGEMENT AND HR PERSONNEL REVIEW THE SIGNED STATEMENTS. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED, THE BOARD MEMBER OR OFFICER WOULD BE

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

ASKED TO REFRAIN FROM PARTICIPATION IN ANY DELIBERATION OR DECISION WITH REGARD TO MATTERS AFFECTED BY THE RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A:

THE BOARD REVIEWS COMPARABILITY DATA AND MAKES RECOMMENDATIONS FOR APPROVAL OF THE PRESIDENT'S COMPENSATION PACKAGE. THE PRESIDENT MAKES RECOMMENDATIONS TO THE BOARD REGARDING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES USING COMPARATIVE MARKET DATA. DELIBERATION REGARDING THESE DECISIONS IS RECORDED IN THE BOARD MINUTES.

LINE 15B:

SEE NARRATIVE FOR FORM 990, PART VI, LINE 15A.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

FOOD FOR THE POOR MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL REPORT CONTAINS A BRIEF SUMMARY OF THE FINANCIAL STATEMENTS, AND THE COMPLETE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES -146,418.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

FOOD FOR THE POOR, INC.

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

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
FOOD FOR THE POOR FOUNDATION, INC. - 65-0469691, 6401 LYONS ROAD, COCONUT CREEK, FL 33073	FUNDRAISING	FLORIDA	501(C)(3)	10. AN ORG. FOLLOWING	FOOD FOR THE POOR, INC.	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Part III

[illegible]

Part IV

[illegible]

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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)			

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.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

[illegible]