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DUDI TO DIGGLOGUDE CODY
PUBLIC DISCLOSURE COPY



November 9, 2021

Ms. Annie Turner Food for Others, Inc. 2938 Prosperity Avenue Fairfax, VA 22031-2209

Dear Ms. Turner,

Enclosed is the organization's 2020 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2021.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

VERY TRULY YOURS,

MATTHEWS, CARTER & BOYCE

** PUBLIC DISCLOSURE COPY **

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)

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For the	$lpha$ 2020 calendar year, or tax year beginning \Box UL \Box , \Box \Box \Box \Box and $lpha$	enaing U	UN 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		54-17771	57
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2938 PROSPERITY AVENUE	Room/suite	E Telephone numbe 703-207-	
	termin- ated			G Gross receipts \$	15,233,135.
Г	Ameno			H(a) Is this a group re	
F	Applic	·		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Тах-ехе	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	1	list. See instructions
		e: WWW.FOODFOROTHERS.ORG	021	H(c) Group exemptio	
		organization: X Corporation	I Year		1 State of legal domicile: VA
		Summary	L roar	oriormation. 2000 N	Totate of legal dofficile, 122
		Briefly describe the organization's mission or most significant activities: SEE	CHEDU	TE O	
Activities & Governance	'	briefly describe the organization's mission of most significant activities.	<u> </u>		
nar	2	Check this box if the organization discontinued its operations or dispos	and of more	than 2504 of its not as	no ata
Ver		· · · · · · · · · · · · · · · · · · ·		1 1	14
ၓၟ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			14
م س		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			18
ij					2500
ξ		Total number of volunteers (estimate if necessary)			0.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		Current Year
		Contributions and grants (Part VIII line 1h)		Prior Year 5,975,859.	8,403,716.
ıne		Contributions and grants (Part VIII, line 1h)		295,450.	872,823.
Revenue		Program service revenue (Part VIII, line 2g)		25,227.	144,283.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,296,565.	9,420,822.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,290,303.	20,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		779,210.	956,540.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)	:: <u> </u>	0.	0.
Ä	1,0	Total fundraising expenses (Part IX, column (D), line 25) 128, 05) 	4,083,530.	5,836,473.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,862,740.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,433,825.	2,607,809.
70		nevertue less experises. Subtract line 16 from line 12	Po	ginning of Current Year	
t Assets or land Balances	20	Total accests (Part V. line 16)	100	3,973,723.	End of Year 6,608,640.
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		184,368.	165,451.
Net/	21 22			3,789,355.	6,443,189.
		Net assets or fund balances. Subtract line 21 from line 20		3,103,333.	0,445,1056
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and boller, it is
	, 001100	t, and complete. Becautation of property (early than emost) is based on an information of wife	ion propuror	nao any knowleago.	
ei.	ın	Signature of officer		I Date	
Sig		ANNIE TURNER, EXECUTIVE DIRECTOR			
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	11	Date Check	II PTIN
Pai	d			1 /00 /21	
	parer	Firm's name MATTHEWS, CARTER & BOYCE			54-1487262
	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE 2	260	FIIIII S EIN	<u> </u>
USE	, only	FAIRFAX, VA 22033	100	Dhone no 70	3-218-3600
<u></u>		RS discuse this return with the preparer shown above? See instructions		Filolie IIo. 7 0	X Ves No

Form	1990 (2020) FOOD FOR OTHERS, INC.	54-1777157	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: FOOD FOR OTHERS PROVIDES RELIEF TO POOR AND UNDERPRIVE		
		FOOD FOR OTHE	D C
	ALSO PROVIDES RELIEF TO CHURCHES AND OTHER ORGANIZATION		
	EXCLUSIVELY FOR SUCH CHARITABLE PURPOSES.	NO IIIII OI DIUII	-
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	163 L	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
3	If "Yes," describe these changes on Schedule O.	›: L 165	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services,	as mossured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	• •	d
	revenue, if any, for each program service reported.	iners, the total expenses, an	iu
4a	6 254 210 20 000	venue \$ 872,8	23. \
44	(Code:) (Expenses \$ 0,354,219 including grants of \$ 20,000) (Rev FOOD FOR OTHERS DISTRIBUTED OVER 3.4 MILLION POUNDS OF	FREE FOOD TO	<u> </u>
	FAMILIES AND ORGANIZATIONS TO HELP ALLEVIATE HUNGER IN		
	VIRGINIA AREA. INDIVIDUAL HOUSEHOLDS WERE PROVIDED FOO		
	OCCASIONS THROUGHOUT THE YEAR. FOOD FOR OTHERS PROVIDE	<u>'</u>	ΤО
	LOW-INCOME STUDENTS IN NORTHERN VIRGINIA ELEMENTARY SC		
	ADDITION TO OTHER EXISTING FOOD DISTRIBUTIONS, FOOD FO		ED
	8 MOBILE SITES AND 6 NEW COMMUNITY PARTNERS IN AREAS OF		
	MODILE DITED AND C NEW COMMONTH TAKINERS IN AREAD C.	r migh MEED.	
415			
4D	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
70	(Code:) (Expenses \$	enue φ	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 6,354,219.		0 (000 = -
		Form 99 0	U (2020)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.
_	Schedule D, Part III	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?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			 ₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		25
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		 -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ \ _{\\\\}
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

032003 12-23-20

D = 1 1/	Checklist of Required Schedules	/
Part IV	Checklist of Regulired Schedilles	(continued)
I GILIV	i Officeringt of Hegalica defication	(COHILIHIA C A)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? If "Yes," complete			
		23		х
24a	Schedule J 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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete			x
00	Schedule L, Part I	25b		
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</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
ZI	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
I G	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Solidadia a containa a responsa or nata to any into in this rate v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

Form 990 (2020) FOD FOR OTHERS, INC. 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 18										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
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).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
	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	•		Х							
	any contributions that were not tax deductible as charitable contributions?	6a									
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h									
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b									
и а	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		х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
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.										
а	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 b	Initiation fees and capital contributions included on Part VIII, line 12										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders 11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
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										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
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										
	Enter the amount of reserves on hand	44		X							
14a	0 ,1 ,	14a									
	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	45		Х							
	excess parachute payment(s) during the year?	15		22							
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
.0	If "Yes," complete Form 4720, Schedule O.	10									
	11 100, 0011ploto 10111 1120, 001100010 0.	Form	990	(2020)							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 14			
	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 14			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X 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, an	d fina	ncial	
	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			
	MS. ANNIE TURNER - 703-207-9173			
	2938 PROSPERITY AVENUE, FAIRFAX, VA 22031			

032006 12-23-20

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

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

Section A.	Officers, Directors	, Trustees, k	Cey Emplo	yees, and Hig	ghest Com	pensated Em	ployees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	rsoni	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANNIE TURNER	40.00							116 500	0	02 141
EXECUTIVE DIRECTOR	2 00			Х				116,500.	0.	23,141.
(2) BOBBY BHATNAGER	2.00	,,		,,					0	_
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(3) JEFF MARIN	2.00								0	_
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(4) PAUL PREZIOTTI	2.00								0	_
TREASURER THROUGH 9/2020	2 00	Х		Х				0.	0.	0.
(5) JANE SCHAPIRO BROWN	2.00	,,		,,					0	_
SECRETARY	2 00	Х		Х				0.	0.	0.
(6) LEIGH BURKE	2.00	,,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(7) REBECCA CHANIN	2.00	٠,,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(8) MARITEL DASCO	2.00	. ,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(9) WILLIAM DALY	2.00								0	^
DIRECTOR	2 00	Х						0.	0.	0.
(10) ROBERT FARRELL	2.00	X						0.	0.	^
DIRECTOR	2.00	^						0.	0.	0.
(11) SHELLY O'NEILL STONEMAN	2.00	X						0.	0.	0.
DIRECTOR (12) HILLARY WEST	2.00	^						0.	0.	<u> </u>
TREASURER EFFECTIVE 10/2020	2.00	X		x				0.	0.	0.
(13) HENRY WULF	2.00	^		^				0.	0.	0.
DIRECTOR THROUGH OCTOBER 2020	2.00	X						0.	0.	0.
	2.00	^						0.	0.	
(14) ARNOLDO BORJA DIRECTOR	2.00	X						0.	0.	0.
(15) JAHANGIR BOROUMAND	2.00							0.	•	
DIRECTOR	2.00	x						0.	0.	0.
(16) MATT SALTER	2.00	 ``	\vdash	\vdash		\vdash	\vdash		0.	
DIRECTOR	2.00	x						0.	0.	0.
(17) SARAH SCAFIDI	2.00								•	<u></u>
DIRECTOR		x						0.	0.	0.
032007 12-23-20				_		_	_			Form 990 (2020)

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Page **8**

(A)	(B) Average	ر د.دم		(C Posi	C)		٠. ر	(D)	(E)		F	(F)	_
Name and title	hours per week	box	(do not check more than or box, unless person is both officer and a director/truste				h an	Reportable compensation from	Reportable compensation from related		am	imated ount of other	
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	1 .		m the nization	
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizations	
		_											_
		-											_
		-											_
													_
1b Subtotal								116,500.		0.	23	3,141	
c Total from continuation sheets to Par d Total (add lines 1b and 1c)							<u> </u>	116,500.		0.	23	0 3,141	
2 Total number of individuals (including becompensation from the organization		nose	liste	ed al	DOV	e) wr	no r	eceived more than \$100	0,000 of reportab	le ——		Yes No	1
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>			•		•		_		•		3	Х	
4 For any individual listed on line 1a, is the and related organizations greater than \$	e sum of reportab	le co	ompe	ensa	ation	n and	d ot	her compensation from			4	Х	
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or											5	Х	
1 Complete this table for your five highest										npensa	ation fr	om	_
the organization. Report compensation (A) Name and busin		ear	endi	ng w	<u>vith</u>	or w	ithir	n the organization's tax y (B) Description of s		C	(C)) sation	
FIONTA 1150 18TH ST NW #200, W			DC	2 2	200	036	5	IT SERVICES				8,817	_
2 Total number of independent contracto	rs (includina but r	not li	mite	d to	tho	se lis	ster	d above) who received m	nore than				
\$100,000 of compensation from the org						1		,			Form 9	90 (2020	0)

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Pa	rt V	/III	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a	114,278.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ts, (Am		С	Fundraising events1c	48,844.				
Gif		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e	74,000.				
atio		f	All other contributions, gifts, grants, and					
Ĕ			similar amounts not included above If	8,166,594.				
ont			Noncash contributions included in lines 1a-1f	4,744,188.	0 402 716			
<u>o e</u>		h	Total. Add lines 1a-1f	Business Code	8,403,716.			
m	_	_	FOOD PROGRAMS	900099	872,823.	872,823.		
Program Service Revenue	2		FOOD FROGRAMS	300033	072,023.	072,023.		
Ser		b c						
E S		d						
ogra Re		e						
Ā			All other program service revenue					
			Total. Add lines 2a-2f		872,823.			
	3		Investment income (including dividends, inte					
			other similar amounts)	▶ [50,437.			50,437.
	4		Income from investment of tax-exempt bond	proceeds >				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss) Gross amount from sales of (i) Securities					
	′	а						
		h	assets other than inventory 7a 5,897,754 Less: cost or other basis	<u> </u>				
e		J	and sales expenses					
Revenue		c	Gain or (loss) 7c 93,846					
Re			Net gain or (loss)		93,846.			93,846.
Other	8	а	Gross income from fundraising events (not		·			·
₹			including \$ 48,844. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 8,405.				
		b	Less: direct expenses 8	b 8,405.				
			Net income or (loss) from fundraising events	▶	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9					
			Net income or (loss) from gaming activities	P				
	10	а	Gross sales of inventory, less returns					
		L	and allowances					
			•	<u>'</u>				
_		U	Net income or (loss) from sales of inventory	Business Code				
snc	11	a		Dadiness Code				
nue	• •	b						
Miscellaneous Revenue		c						
Aisc P.			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		9,420,822.	872,823.	0.	144,283.

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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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,000. 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 140,589. 92,789. 32,335. 15,465. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 650,705. 430,228. 148,580. 71,897. Other salaries and wages 7 Pension plan accruals and contributions (include 13,882. 9,162 3,193 1,527. section 401(k) and 403(b) employer contributions) 95,570. 63,076. 21,981. 10,513. Other employee benefits 9 6,137.55,794. 12,833. 36,824. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 52,789. 52,789. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 75. 75 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 72,824. 56,996. 14,289. 1,539. Office expenses 13 35,387. 22,776. 8,847. 3,764. 14 Information technology 15 Royalties 57,817. 37,003. 20,814. 16 Occupancy 38,464. 38,464. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 96,562. 96,562. Depreciation, depletion, and amortization 22 26,260. 16,919. 2,776. 6,565. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,331,776. 5,331,776. DONATED FOOD MISCELLANEOUS 75,931. 67,497. 8,434 25,561. BAD DEBT EXPENSE 25,561. 14,441. d REGISTRATION FEES 14,441. 8,586. 8,586. e All other expenses 6,813,013. 6,354,219. 330,735 128,059. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Га	ILV	Dalance Sneet		P 1 H 1 B 1 V			
		Check if Schedule O contains a response or no	ote to ar	ny line in this Part X I	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,608,215.	1	1,222,788.
	2	Savings and temporary cash investments			, ,	2	, , ,
	3	Pledges and grants receivable, net			44,483.	3	80,981.
	4	Accounts receivable, net			25,609.	4	125,499.
	5	Loans and other receivables from any current				•	
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	-				
	•	under section 4958(f)(1)), and persons describ				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			427,699.	8	455,794.
As	9	Prepaid expenses and deferred charges			18,994.	9	32,051.
		Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D		777,686.			
	Ь	Less: accumulated depreciation		434,886.	210,238.	10c	342,800.
	11	Investments - publicly traded securities			1,628,399.	11	4,338,641.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - other securities, see Fart IV, line 11				13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11			10,086.	15	10,086.
	16	Total assets. Add lines 1 through 15 (must eq			3,973,723.	16	6,608,640.
	17	Accounts payable and accrued expenses			159,318.	17	139,951.
	18	Grants payable				18	
	19	Deferred revenue			25,050.	19	25,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
abi		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			184,368.	26	165,451.
w		Organizations that follow FASB ASC 958, ch	neck her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			3,652,316.	27	6,229,127.
Ä	28	Net assets with donor restrictions			137,039.	28	214,062.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund	s			29	
SSe	30	Paid-in or capital surplus, or land, building, or e	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		—		31	
Ne	32	Total net assets or fund balances		L	3,789,355.	32	6,443,189.
	33	Total liabilities and net assets/fund balances			3,973,723.	33	6,608,640.

Par	t 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)		,42		
2	Total expenses (must equal Part IX, column (A), line 25)		,81		
3	Revenue less expenses. Subtract line 2 from line 1		7,60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 3	78		
5	Net unrealized gains (losses) on investments	5	4	6,0	<u>25.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 6	,44	3,1	89.
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	S. addite, S. p.a S. Corrodule o and docoriso any otopo tattor to andongo odor addite			990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FOOD FOR OTHERS, INC. 54-1777157 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Total

13

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,530,543.	4,284,059.	3,880,210.	5,921,949.	8,403,716.	27,020,477.
2	Tax revenues levied for the organ-						
	ization'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	214,472.	201,888.	250,964.	258,493.	266,247.	1,192,064.
4	Total. Add lines 1 through 3	4,745,015.	4,485,947.	4,131,174.	6,180,442.	8,669,963.	28,212,541.
	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.						28,212,541.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,745,015.	4,485,947.	4,131,174.	6,180,442.	8,669,963.	28,212,541.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,708.	24,363.	38,175.	25,227.	144,283.	249,756.
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.)	269.			29.		298.
11	Total support. Add lines 7 through 10						28,462,595.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (I					14	99.12 %
15	Public support percentage from 2019					15	99.64 %
16a	33 1/3% support test - 2020. If the o	-					
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2019. 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 qual						▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		*		•		
	organization meets the facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2020

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Manayada 5						
	A Amounts included on lines 1, 2, and						
/ 6	′ ′						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ĺ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2019. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 of	r	1.00	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	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 agreement and/or remove officers, directors, or trustees were allegated among the			
	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		
Sec	tion C. Type II Supporting Organizations			
	tion or type it 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		163	NO
•	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			
		1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations		<u> </u>	
	tion 5.7th Type in Supporting Organizations		Yes	Na
4	Did the exemination provide to each of its supported exemptations, by the last day of the fifth month of the		res	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 in 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			
<u>Soci</u>	supported organizations played in this regard.	3		
	tion 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 yea(see instruction of the control o	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	e instructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 in 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.			
а	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	<u> </u>	L

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	ılly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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 purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 t	the organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	Section E - Distribution Anocations (see instructions)		(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>_i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

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, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2020

FOOD FOR OTHERS, INC. 54-1777157 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

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 _______

\$\bigsec*

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

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

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;

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

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
	DOONATED FOOD	_	
1		_	
			06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD	_	
2		_	
			06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD	_	
3		_	
			06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _ _ *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7 4. 61		_	
		_	
		_ \$	

Employer identification number

Name of organization

	FOR OTHERS, INC.			54-1777157
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional states.	through (e) and the following line en naritable, etc., contributions of \$1,000 or	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		nsferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, an	d ZIP + 4	Relationship of trai	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gif		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOOD FOR OTHERS TNC. **Employer identification number** 54-1777157

Par	•	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds				
	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
Par							
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	`	storically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str						
	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year▶	-	-				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements in	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works				
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in furthe	rance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce 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 tre						
	the following amounts required to be reported under FASB A	,					
а	Revenue included on Form 990, Part VIII, line 1	_	• \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020				

	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizati	on's exem	npt purpo	se in Par	XIII.	
5										
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgai	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.		_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liabilit	y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII				
	t V Endowment Funds. Complete it).			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	•		•			-			
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									-
	Other expenditures for facilities									-
	and programs									
f	Administrative expenses									-
	End of year balance									-
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:	· · · · · · · · · · · · · · · · · · ·				-
а	Board designated or quasi-endowment	•	%	•	,,					
	Permanent endowment	%								
С	Term endowment	<u></u> * %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	t are held a	and administe	ered for the	e organiz	ation		
	by:	· ·					· ·		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?)				3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	/, line 11a. \$	See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	cumulate	d	(d) Book v	alue
		basis (investr			(other)		reciation			
1a	Land									
	Buildings									
	Leasehold improvements									_
	Equipment			56	5,473.	2	93,50	07.	271	966.
	Other			21	2,213.	1	41,3	79.		834.
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)			ightharpoonup	342	800.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FOOD FOR OT	HERS, INC.	54	-1777157 Page 3
Part VII Investments - Other Securities.			<u> </u>
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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
. ,			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	7 1 d. 300 1 6111 300, 1 dr. X, iii 6 10.	(b) Book value
			(5) 20011 10.00
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			

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...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

Pai	t XI Reconciliation of Revenue per Audited Financia		Revenue per R	eturr	l .
	Complete if the organization answered "Yes" on Form 990, Part				0 500 004
1	Total revenue, gains, and other support per audited financial statemen	ts		1	9,733,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	46.005		
а	Net unrealized gains (losses) on investments		46,025.		
b	Donated services and use of facilities		266,247.		
С	Recoveries of prior year grants				
d	,	2d			210 050
е	Add lines 2a through 2d			2e	312,272.
3	Subtract line 2e from line 1			3	9,420,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
_C	Add lines 4a and 4b			4c	0. 9,420,822.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, liret XII Reconciliation of Expenses per Audited Financia			5 Potu	
Ра			ii Expenses per	netu	111.
	Complete if the organization answered "Yes" on Form 990, Part			<u> </u>	7,079,260.
1	Total expenses and losses per audited financial statements			1	1,019,200
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	266,247.		
a	Donated services and use of facilities		200,247.	-	
b	Prior year adjustments			-	
C	Other losses			-	
d	,	•		_	266,247.
_	Add lines 2a through 2d			2e 3	6,813,013.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	0,013,013
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	A 1.11: A 1.41			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	6,813,013.
	rt XIII Supplemental Information.	<i>IIIIC 10.)</i>			0,020,020
	ide 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			i, i ai c	λ,ο 2, τ αιτ λί,
		···· ,			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization FOOD FOR OTHERS, INC. 54-1777157 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FFO 5K (event type)	(event type)	(total number)	col. (c))
ηne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	57,249.			57,249.
	2	Less: Contributions	48,844.			48,844.
	3	Gross income (line 1 minus line 2)	8,405.			8,405.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses				8,405.
	10	, ,	(/			8,405.
Pa	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization				
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, line 19, 01	reported more than	
a		¥	(a) Dinne	(b) Pull tabs/instant	(a) Other warning	(d) Total gaming (add
an G			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
_	_					
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	· · · · -	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses r	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	IT "	Yes," explain:				
320	32 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 202

Sch	edule G (Form 990 or 990-EZ) 2020 FOOD FOR OTHERS, INC. 54	-T///T2/	Page 3
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:		
		13a	0.4
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
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
r	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
_	: If "Yes," enter name and address of the third party:		
	the res, entername and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Gaining manager compensation 🚩 🧳		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
	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 > \$	•	
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. lines O	0h 10h
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIIles 9,	90, 100,

Schedule G (Form 990 or 990-EZ) FOOD FOR	OTHERS,	INC.	54-1777157 F	Page 4
Schedule G (Form 990 or 990-EZ) FOOD FOR Part IV Supplemental Information (continue)	ed)			
,	,			

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FOOD FOR	OTHERS. I	INC.					Employer identification number 54-1777157
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II cai	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAIRFAX DIAPERS 1731 KILLARNEY CT		504(5)(0)					TO HELP FAIRFAX DIAPERS SUPPLY DIAPERS FOR THE CLIENTS SERVED BY FOOD
VIENNA, VA 22182	83-4337298	501(C)(3)	20,000.	0.	FMV		FOR OTHERS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							1 .

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Sup	plemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.				
PART I,	LINE 2:								
FOOD FOR	OTHERS RECEIVED A REPORT	FROM THE	ORGANIZAT	ION THAT D	ETAILED THE				
USE OF T	HE GRANT.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization FOOD FOR OTHERS, INC. Employer identification number 54-1777157

Pai	rt 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 de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5	67,270.	FAIR VALUE			
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	X		4 676 010		T 173	<u> </u>	m
19	Food inventory			4,0/0,910.	AVG WHOLESA	YTT.	COS	<u>T</u>
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
25	Archeological artifacts Other ()							
26	`							
27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	u the tax vear for o	contributions				
	for which the organization completed Form 82							
		, ,	•				Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
					Cabadula I			

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

Schedule M (Form 990) 2020

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection

Employer identification number 54-1777157

Name of the organization

FOOD FOR OTHERS, INC.

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

THE MISSION OF FOOD FOR OTHERS IS TO DISTRIBUTE FOOD TO OUR NEIGHBORS

IN NEED BY MOBILIZING OUR GIVING COMMUNITY AND VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE FOUR OFFICERS
ON THE BOARD OF DIRECTORS. BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,
ON-GOING OVERSIGHT OF THE AFFAIRS OF THE ORGANIZATION MAY BE CONDUCTED BY
THE EXECUTIVE COMMITTEE.

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

THE 990 WAS PRESENTED TO THE BOARD OF DIRECTORS ELECTRONICALLY FOR REVIEW PRIOR TO THE FILING DATE.

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

EVERY BOARD MEMBER MUST SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS.

IF POTENTIAL CONFLICTS ARISE, THE ENTIRE BOARD REVIEWS THE SITUATION AND

DETERMINES WHETHER A CONFLICT EXISTS. IF SO, THE MEMBER WITH THE CONFLICT

IS BARRED FROM VOTING ON MATTERS PERTAINING TO THE SUBJECT OF THE CONFLICT.

THE MINUTES OF THE MEETING SHALL INCLUDE THE NAME OF THE PERSON WHO

DISCLOSED OR OTHERWISE WAS FOUND TO HAVE FINANCIAL INTERST IN CONNECTION

WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE

FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF

INTEREST IN FACT EXISTED, THE NAMES OF THOSE PRESENT FOR DISCUSSIONS, THE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

FOOD FOR OTHERS, INC.	Employer identification number 54-1777157
NATURE OF THE DISCUSSIONS, AND THE VOTE CONCERNING WHETHE	R THE CONFLICT
EXISTED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS INITIAT	ES A REVIEW OF THE
EXECUTIVE DIRECTOR. THE REVIEW INVOLVES GATHERING INPUT F	ROM ALL MEMBERS OF
THE BOARD OF DIRECTORS. THE COMMITTEE THEN TAKES THE REVI	EW INTO
CONSIDERATION AS WELL AS A LISTING OF COMPARABLE PAY IN L	OCAL NON-PROFIT
ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE THE PAY FOR TH	E EXECUTIVE
DIRECTOR. FOR KEY EMPLOYEES, THE DATA IS COMPARED TO FAIR	FAX COUNTY'S PAY
SCALE.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE A	ND ANOTHER
ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION. HOWEVER, TH	E FORM 1023 IS
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, GOVERNING	DOCUMENTS, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
AN AUDITOR WAS SELECTED BY THE AUDIT COMMITTEE AND THE BO	ARD OF
DIRECTORS.	

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STATE COPY

** PUBLIC DISCLOSURE COPY **

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)

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For the	$lpha$ 2020 calendar year, or tax year beginning \Box UL \Box , \Box \Box \Box \Box and $lpha$	enaing U	UN 30, 2021				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change	Doing business as		54-17771	57			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2938 PROSPERITY AVENUE	Room/suite	E Telephone number 703-207-9173				
	termin- ated			G Gross receipts \$	15,233,135.			
Г	Ameno			H(a) Is this a group re				
F	Applic	·		for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\mathbf{T}}$	Тах-ехе	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	1	list. See instructions			
		e: WWW.FOODFOROTHERS.ORG	021	H(c) Group exemptio				
		organization: X Corporation	I Year		1 State of legal domicile: VA			
		Summary	L roar	oriormation. 2000 N	Totate of legal dofficile, 122			
		Briefly describe the organization's mission or most significant activities: SEE	CHEDU	TE O				
Activities & Governance	'	briefly describe the organization's mission of most significant activities.	<u> </u>					
nar	2	Check this box if the organization discontinued its operations or dispos	and of more	than 2504 of its not as	no ato			
Ver		· · · · · · · · · · · · · · · · · · ·	1 1	14				
ၓၟ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		14				
م س		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			18			
ij					2500			
ξ		Total number of volunteers (estimate if necessary)			0.			
Ā		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		Current Year			
Revenue		Contributions and grants (Part VIII line 1h)		Prior Year 5,975,859.	8,403,716.			
		Contributions and grants (Part VIII, line 1h)		295,450.	872,823.			
Ver		Program service revenue (Part VIII, line 2g)		25,227.	144,283.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29.	0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,296,565.	9,420,822.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,290,303.	20,000.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		779,210.	956,540.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)	:: <u> </u>	0.	0.			
Ä	1,0	Total fundraising expenses (Part IX, column (D), line 25) 128, 05) 	4,083,530.	5,836,473.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,862,740.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,433,825.	2,607,809.			
70		nevertue less experises. Subtract line 16 from line 12	Po	ginning of Current Year				
t Assets or land Balances	20	Total accests (Part V. line 16)	100	3,973,723.	End of Year 6,608,640.			
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		184,368.	165,451.			
Net/	21 22			3,789,355.	6,443,189.			
		Net assets or fund balances. Subtract line 21 from line 20		3,103,333.	0,445,1056			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the heet of m	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and boller, it is			
	, 001100	t, and complete. Becautation of property (early than emost) is based on an information of wife	ion propuror	nao any knowleago.				
ei.	ın	Signature of officer		I Date				
Sig		ANNIE TURNER, EXECUTIVE DIRECTOR						
He	re	Type or print name and title						
		Print/Type preparer's name Preparer's signature	11	Date Check	II PTIN			
Pai	d			1 / 0 0 / 2 1				
	parer	Firm's name MATTHEWS, CARTER & BOYCE			54-1487262			
	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE 2	260	FIIIII S EIN	<u> </u>			
USE	, only	FAIRFAX, VA 22033	100	Dhone no 70	3-218-3600			
<u></u>		RS discuse this return with the preparer shown above? See instructions		Filolie IIo. 7 O	X Ves No			

Га	otatement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: FOOD FOR OTHERS PROVIDES RELIEF TO POOR AND UNDERPRIVILEGED P	ED COMC
	AND FAMILIES LOCATED PRINCIPALLY IN NORTHERN VIRGINIA. FOOD F	
	ALSO PROVIDES RELIEF TO CHURCHES AND OTHER ORGANIZATIONS THAT	
	EXCLUSIVELY FOR SUCH CHARITABLE PURPOSES.	OTERATE
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1C3
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured largest program services.	oy expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$ 6,354,219 • including grants of \$ 20,000 •) (Revenue \$	872,823.)
	FOOD FOR OTHERS DISTRIBUTED OVER 3.4 MILLION POUNDS OF FREE F	
	FAMILIES AND ORGANIZATIONS TO HELP ALLEVIATE HUNGER IN THE NO	
	VIRGINIA AREA. INDIVIDUAL HOUSEHOLDS WERE PROVIDED FOOD ON 18	
	OCCASIONS THROUGHOUT THE YEAR. FOOD FOR OTHERS PROVIDES WEEKE	
	LOW-INCOME STUDENTS IN NORTHERN VIRGINIA ELEMENTARY SCHOOLS.	
	ADDITION TO OTHER EXISTING FOOD DISTRIBUTIONS, FOOD FOR OTHER	
	8 MOBILE SITES AND 6 NEW COMMUNITY PARTNERS IN AREAS OF HIGH :	NEED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 6,354,219.	
		Form 990 (2020)

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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Δ.
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)	Form 990 (202			OTHERS,						
	Part IV Checklist of Required Schedules (continu									

			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? If "Yes," complete Schedule I, Parts I and III	22		Х				
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? If "Yes," complete							
	Schedule J	23		Х				
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? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	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						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25 a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			x				
	Schedule L, Part I	25b						
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%			X				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
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	27		x				
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>							
28								
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
а	"Yes," complete Schedule L, Part IV	28a		x				
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?							
·	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		Х				
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? If "Yes," complete Schedule R, Part I	33		Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		Х				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
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)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v					
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>				
Га								
	Check if Schedule O contains a response or note to any line in this Part V			L L				
4	Entar the number reported in Box 2 of Form 1006. Fator 0, if not applicable		Yes	No				
I a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-						
C	(gambling) winnings to prize winners?	1c	Х					
	Garming) withings to prize withers:	<u> </u>	000	<u> </u>				

032004 12-23-20

Form 990 (2020) FOD FOR OTHERS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 18					
field for the calendary are ending with or within the year covered by this return by If all least one is reported on line 2, did the organization file all required federal employment tax returns? 20 X Notes if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 31 A 32 X 33 B X 34 If Yes, I have the dar form 950 T for this year? If Yes' 7 a line 3b, provide an explanation on Schedule 0 35 B X 36 If Yes, I was the dar form 950 T for this year? If Yes' 7 a line 3b, provide an explanation on Schedule 0 38 A A 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 shark account, securities account, or other financial accounts)? 39 B X 30 If Yes, I was the organization and any time of the foreign country be seen instructions for filing requirements for FinCEN Form 11-4, Report of Foreign Bank and Financial Accounts (FBAR). 30 B X 31 B X 32 B X 33 B X 34 B X 35 B X 36 B X 37 B X 38 B X 39 B X 30 B X 30 B X 30 B X 31 B X 32 B X 33 B X 34 B X 35 B X 36 B X 37 B X 38 B X 39 B X 30 B X 31 B X 32 B X 33 B X 34 B X 35 B X 36 B X 37 B X 38 B X 39 B X 30 B X 31 B X 32 B X 33 B X 34 B X 35 B X 36 B X 37 B X 38 B X 39 B X 30	٥-	Established and based and the second		Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines is and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 30, provide an explanation on Schedule 0 3c At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 4c At any time the harmed of the freign country? 5c But instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization aparty to a prohibitot as safetive transaction at any time during the tax year? 5c Was the organization party to a prohibitot as safetive transaction at any time during the tax year? 5c Was the organization party or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Was the organization shall be a calculated to contributions and party to goods and services provided to the payor? 5c Type of the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles? 6c Was the organization shall be a contribution or the value of the goods or services provided? 7c Organizations that may receive deductible? 6c Was the organization receive a payment in access of \$75 mode party as a contribution and party to goods and services provided to the payor? 7c Was the organization shall be contributed to the goods or services provided? 7d Was the organization shall be contributed to the goods or s	Za	10			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	h				x
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 11'96's, "Nat It filed a Form 990T for this year If "No" to file 3b, your owick an explanation on Schedule O. 4b 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). 5c If 1''96's If one the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization in foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization to provide or prohibited tax whether transaction? 5c University to the Sar os bit, did the organization the Form 88812. 6c University to the Sar os bit, did the organization the Form 88812. 6c University to the Sar os bit, did the organization the Form 88812. 6c University to the Sar os bit, did the organization the Form 88812. 6c University to the organization accounts (FBAR). 6c University to the organization accounts (FBAR). 6c University to the Sar os bit, did the organization the Common of the Value of the Goods or services provided? 6c University to the organization active accounts (FBAR). 6c University to the organization active accounts (FBA	b		20		
b if "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b if "Yes," enter the name of the foreign country [Such as a bank account, securities account, or other 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 DX A Was 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 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? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization netwer a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 To the "a did the organization netwish a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form \$282? 7 To Unit the organization receive a payment in excess of \$75 made party as a contribution of payment and the organization formation of the value of the goods or services provided? 7 To the organization received a contribution of care, boats, simplanes, or other very which is did the organization file of the organization formation of the value of the year. 9 To bid the organization received an contribution of unided ty, to pay premiums on a per	32		32		x
4a A tary time during the calendary 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)? 5a Was the organization aparty to a prohibite tax was reasonal property or the francial accounts (FBAP). 5a Was the organization aparty to a prohibite tax shelter transaction? 5b X b Did any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "vies to line 5a or 5b, did the organization the Ferm 88867? 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? 6b X b If "vies," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 7c Organizations that many receive deductible contributions under section 170(c). a bid the organization state in any receive deductible contributions under section 170(c). b If "vies," idid the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible in orbit type dome or the value of the goods or services provided? 7c Organizations that many receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution of an adapty for goods and services provided to the payor? 7b If "ves," inclicate the number of Forms 8822 filed during the year b Lift the organization received a contribution of received in the year of the value of the goods or services provided? 7c X f Did the organization number of Forms 8822 filed during the year b Lift the organization received a contribution of qualified intellectual property, of the organization file Forms 8898 as required? 7f Lift organization received a contribution of the payor					
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13b 13b 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 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			0-		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b 10c 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 11b 11b 11b 11b 11b 11b 11b 11b 11b	_				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		···· -			
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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.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	F	000	(0000

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	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 14			
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		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a				
	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:			
а	The governing body?	8a	Х	
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		Х
Sec	tion 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		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X 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	d finar	ncial	
	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			
	MS. ANNIE TURNER - 703-207-9173			
	2938 PROSPERITY AVENUE, FAIRFAX, VA 22031			

Form **990** (2020)

FO58____1

FO58___1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box, unless person is					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ANNIE TURNER	40.00							116 500		00 141	
EXECUTIVE DIRECTOR				Х				116,500.	0.	23,141.	
(2) BOBBY BHATNAGER	2.00	l								•	
CHAIRMAN		Х		Х				0.	0.	0.	
(3) JEFF MARIN	2.00	ļ									
VICE CHAIRMAN		Х		Х				0.	0.	0.	
(4) PAUL PREZIOTTI	2.00	ļ									
TREASURER THROUGH 9/2020		Х		Х				0.	0.	0.	
(5) JANE SCHAPIRO BROWN	2.00	l									
SECRETARY		Х		Х				0.	0.	0.	
(6) LEIGH BURKE	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(7) REBECCA CHANIN	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(8) MARITEL DASCO	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(9) WILLIAM DALY	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(10) ROBERT FARRELL	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(11) SHELLY O'NEILL STONEMAN	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(12) HILLARY WEST	2.00	ļ									
TREASURER EFFECTIVE 10/2020		Х		Х				0.	0.	0.	
(13) HENRY WULF	2.00	ļ									
DIRECTOR THROUGH OCTOBER 2020		Х						0.	0.	0.	
(14) ARNOLDO BORJA	2.00	l							_	_	
DIRECTOR		Х						0.	0.	0.	
(15) JAHANGIR BOROUMAND	2.00	۱							_	_	
DIRECTOR	1	Х						0.	0.	0.	
(16) MATT SALTER	2.00	۱							_	_	
DIRECTOR	1	Х						0.	0.	0.	
(17) SARAH SCAFIDI	2.00	۱							_	_	
DIRECTOR		Х						0.	0.	0.	

032007 12-23-20 Form **990** (2020)

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Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	,	Es	stimat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
		week	\vdash	cer ar	iu a u	lirecto	or/trus	lee)	from	from related			other	
		(list any hours for	or director						the	organization			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th janiza	
		organizations	ruste	l trus		ee ee	mpen		(***2/1033******100)				d rela	
		below	Individual trustee	Institutional trustee	_	nploy	st co	 					anizat	
		line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former						
			-											
											\longrightarrow			
			1											
1b	Subtotal						<u> </u>	—	116,500.		0.	2	3,1	41.
	Total from continuation sheets to Part V							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	116,500.		0.	2	3,1	41.
2	Total number of individuals (including but r							no re	eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer	, director, trust	ee, ł	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the se	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ed organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation '	from	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) (B)										((
Name and business address Description of services Con FIONTA											ompe	nsatio)rı	
		aii t Niamai	т	ъ.	~ ~	204	Λ 2 <i>/</i>	_ .	TM CDDVICEC		Ì	1 0	0 0	17
<u> </u>	50 18TH ST NW #200, WA	PUTINGLOI	Ν,	טע		4 U I	0.56	٠ -	IT SERVICES			12	0,8	317.
											Ì			
								_						

Name and business address

Description of services

Compensation

TIONTA

1150 18TH ST NW #200, WASHINGTON, DC 20036 IT SERVICES

128,817.

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

						OTHE	RS,	INC.				54-1777	157 Page 9
Pai	rt \	/III	Statement of Re	ven	ue								
			Check if Schedule O	conta	ins a res	ponse	or note to	any lir		<u></u>			
									(A)		(B)	(C) Unrelated	(D) Revenue excluded
									Total revenue	,	Related or exempt function revenue	business revenue	
											10.110.110.1110.110.110.1		sections 512 - 514
nts nts	1	а	Federated campaigns		1a	1	114	,278.					
irar			Membership dues										
S, G			Fundraising events			;	48	,844.					
ar /			Related organizations			1							
s, C			Government grants (contr				74	,000.					
ioi			All other contributions, gifts,					,					
the			similar amounts not included				8,166	,594.					
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in			\$	4,744						
a C			Total. Add lines 1a-1f					▶	8,403,7	16.			
							Business	Code					
ø.	2	а	FOOD PROGRAMS				90009	9	872,8	23.	872,823.		
اھ ػ		b									·		
Se		С											
am		d											
Program Service Revenue		е											
<u> </u>		f	All other program service	reven	iue								
		g	Total. Add lines 2a-2f					🕨	872,8	23.			
	3		Investment income (include	ding c	dividends	s, inter	est, and						
	other similar amounts)							▶	50,4	37.			50,437.
	4 Income from investment of tax-exempt bond pro				oroceeds								
	5		Royalties	. <u></u>				🕨					
					(i) Re	eal	(ii) Pers	sonal					
	6	а	Gross rents	6a									
		b	Less: rental expenses	6b									
		С	Rental income or (loss)	6с									
		d	Net rental income or (loss))				🕨					
	7	а	Gross amount from sales of		(i) Secu	ırities	(ii) Ot	her					
			assets other than inventory	7a	5,897	7,754.							
		b	Less: cost or other basis										
evenue			and sales expenses	7b		908.	+						
eve			Gain or (loss)	7с		8,846.	•						22.21
<u>ج</u> ا			Net gain or (loss)				 T	<u> </u>	93,8	46.			93,846.
Other	8	а	Gross income from fundraising	-	•								
0			including \$										
			contributions reported on		,			405					
			Part IV, line 18					,405.					
			Less: direct expenses							0.			
	•		Net income or (loss) from Gross income from gamin		-		1	🕨		٠.			
	9	d	Part IV, line 19	-		- 1							
		h	Less: direct expenses										
			Net income or (loss) from					. •					
	10		Gross sales of inventory, I	-	-	 	<u> </u>	·· /					
		-	and allowances			102	1						
		b	Less: cost of goods sold										
			Net income or (loss) from			·· <u> </u>		▶					
<u>, </u>			()			,	Business						
e gon	11	а											
ane		b											
Miscellaneous Revenue		С											
Mis			All other revenue										
_		е	Total. Add lines 11a-11d					🕨					

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144,283. Form **990** (2020)

9,420,822.

872,823.

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 respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	00 000	00 000		
	and domestic governments. See Part IV, line 21	20,000.	20,000.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1.40 500	00 500	20 225	45 465
	trustees, and key employees	140,589.	92,789.	32,335.	15,465
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			110 -00	
7	Other salaries and wages	650,705.	430,228.	148,580.	71,897
8	Pension plan accruals and contributions (include	4.0.000			4 = 4 =
	section 401(k) and 403(b) employer contributions)	13,882.	9,162. 63,076.	3,193.	1,527 10,513
9	Other employee benefits	95,570.		21,981.	10,513
10	Payroll taxes	55,794.	36,824.	12,833.	6,137
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	52,789.		52,789.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	75.		75.	
12	Advertising and promotion				
13	Office expenses	72,824.	56,996.	14,289.	1,539
14	Information technology	35,387.	22,776.	8,847.	3,764
15	Royalties				
16	Occupancy	57,817.	37,003.	20,814.	
17	Travel	38,464.	38,464.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,562.	96,562.		
23	Insurance	26,260.	16,919.	6,565.	2,776
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 0.)				
а	DONATED FOOD	5,331,776.	5,331,776.		
b	MISCELLANEOUS	75,931.	67,497.	8,434.	
С	BAD DEBT EXPENSE	25,561.	25,561.		
d	REGISTRATION FEES	14,441.			14,441
е	All other expenses	8,586.	8,586.		
25	Total functional expenses. Add lines 1 through 24e	6,813,013.	6,354,219.	330,735.	128,059
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)				

Form 990 (2020) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,608,215.	1	1,222,788.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			44,483.	3	80,981
	4	Accounts receivable, net			25,609.	4	125,499
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			427,699.	8	455,794
Ä	9	D ''			18,994.	9	32,051
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	434,886.	210,238.	10c	342,800
	11	Investments - publicly traded securities			1,628,399.	11	4,338,641
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,086.	15	10,086
	16	Total assets. Add lines 1 through 15 (must e			3,973,723.	16	6,608,640
	17	Accounts payable and accrued expenses	159,318.	17	139,951		
	18	Grants payable			18		
	19	Deferred revenue			25,050.	19	25,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
iab		controlled entity or family member of any of t	hese pers	sons		22	
_	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			184,368.	26	165,451
S		Organizations that follow FASB ASC 958,	check he	re ▶ X			
e)Ce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			3,652,316.	27	6,229,127
Ä	28	Net assets with donor restrictions			137,039.	28	214,062.
Ĭ		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 702 27	31	
Š	32	Total net assets or fund balances			3,789,355.	32	6,443,189.
	33	Total liabilities and net assets/fund balances			3,973,723.	33	6,608,640.

Pa	rt 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		,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,81		
3	Revenue less expenses. Subtract line 2 from line 1	3		,60		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	78		
5	Net unrealized gains (losses) on investments	5		4	6,0	25.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,44	3,1	89.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization FOOD FOR OTHERS, INC. 54-1777157 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,530,543.	4,284,059.	3,880,210.	5,921,949.	8,403,716.	27,020,477.
2	Tax revenues levied for the organ-						
	ization'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	214,472.	201,888.	250,964.	258,493.	266,247.	1,192,064.
4	Total. Add lines 1 through 3	4,745,015.	4,485,947.	4,131,174.	6,180,442.	8,669,963.	28,212,541.
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.						28,212,541.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,745,015.	4,485,947.	4,131,174.	6,180,442.	8,669,963.	28,212,541.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,708.	24,363.	38,175.	25,227.	144,283.	249,756.
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.)	269.			29.		298.
11	Total support. Add lines 7 through 10						28,462,595.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor		•				>
	ction C. Computation of Publ						99.12 %
	Public support percentage for 2020 (14	70
15	Public support percentage from 2019					15	
16a	16a 33 1/3% support test - 2020. 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						
L							
L.	b 33 1/3% support test - 2019. 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						
170	and stop here. The organization qualifies as a publicly supported organization Ta 10% offects and circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more						
17 a	7a 10% -facts-and-circumstances test - 2020. 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						
h	10% -facts-and-circumstances tes	-		*	-	17a and line 15 is	
i.	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circ				-		
12							
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 or 990-EZ) 2020

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.)

Se	ction A. Public Support	clow, picase com	picte r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	\	, ,	1	` ` `
	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						
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					1	
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u>l</u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		<u>~</u> _			11	
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio						N

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pai	t IV Supporting Organizations (continued)			
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	ilon B. All Type III Supporting Organizations		V	Na
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		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			
2	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 in line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	tion 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 yea(see instructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 in 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.			
а	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.	За		
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. Schedule A (Form 990 or 990-EZ) 2020

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
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	st complete	Sections A through E.	1	
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion 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-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Secti	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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	he organization is responsiv	e		
•	(provide details in Part VI). See instructions.	ne organization to respondi	-	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount arrada by into o amount	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>u</u>	LACCOS HOTH ZOTO				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2020

FOOD FOR OTHERS, INC. 54-1777157 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

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 _______

\$\bigsec*

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

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

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;

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\\$\\$\	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$190,234.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$174,044.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

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			
	DOONATED FOOD					
1						
		\$1,770,097.	06/30/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Parti	DONATED FOOD					
2						
		\$ 190,234.	06/30/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	DONATED FOOD					
3						
		\$174,044.	06/30/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Name of organization

54-1777157 FOOD FOR OTHERS, INC. 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. `fŕom 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOOD FOR OTHERS

Employer identification number 54-1777157

Pai	t I Organizations Maintaining Donor Advise		S or Accounts Complete if the
ı aı			is of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Total counts on at and of coord	(a) Bollor advised failes	(b) i unus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		·
Do			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	58, 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 fur	therance 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 tre		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

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

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 P	art 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 I	V, line 9, or
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X?	Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount
c Beginning balance 1c	
d Additions during the year1d	
e Distributions during the year	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	<u></u>
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	ck (e) Four years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶%	
b Permanent endowment ▶%	
c Term endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	Yes No
(i) Unrelated organizations	
(ii) Related organizations	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b
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 (b) Cost or other (c) Accumulated	(d) Book value
basis (investment) basis (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements d Equipment 565,473. 293,507.	271,966.
d Equipment 565,473. 293,507.	
e Other 212,213. 141,379.	70,834.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FOOD FOR OTH	HERS, INC.	54	-1777157 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (e 11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	on Form OOO Bort IV line	a 11 a av 11f Caa Farm 000 Dart V lina 05	-
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	e TTe or TTI. See Form 990, Part X, line 25	(b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			I

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) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

|--|

Pai	Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0 522 004
1	Total revenue, gains, and other support per audited financial statements			1	9,733,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	46 005		
а	Net unrealized gains (losses) on investments		46,025.		
b	Donated services and use of facilities		266,247.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			212 272
е	Add lines 2a through 2d			2e	312,272.
3	Subtract line 2e from line 1			3	9,420,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
_	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tomonto Wit	h Evnanga nar	5 Dotui	9,420,822.
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		ii Expenses per	Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	7,079,260.
1	Total expenses and losses per audited financial statements			1	1,019,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	266,247.		
a	Donated services and use of facilities		200,247.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)			0-	266,247.
e	Add lines 2a through 2d			2e	6,813,013.
3	Subtract line 2e from line 1			3	0,013,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)			4.	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			4c	6,813,013.
	rt XIII Supplemental Information.	/		<u> </u>	0,013,013.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			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 infor	mation.		

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

FOOD FC	OR OTHERS, INC.				54-1777	157
	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following set of the solicitary of th	tion of tion of fundra I (inclue profess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			<u> </u>		dit in avanant fuana	
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notified	a it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule G (Form 9	90 or 990-EZ) 2020

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1
			(-, -: -: -: -: -:	\-, - · s <u>-</u>	NONE	(d) Total events
			FFO 5K			(add col. (a) through
ne.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	57,249.			57,249
	2	Less: Contributions	48,844.			48,844
	3	Gross income (line 1 minus line 2)	8,405.			8,405.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ב	8	Entertainment Other direct expenses				8,405.
	10	Direct expense summary. Add lines 4 throug		<u> </u>	•	8,405
	11	Net income summary. Subtract line 10 from				0.
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	•
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
10,01100			(4, 29	bingo/progressive bingo	(5) 5 11 15 9 21 11 11	col. (a) through col. (c)
2	1	Gross revenue				
2	2	Cash prizes				
Direct Experises	3	Noncash prizes				
חומר	4	Rent/facility costs				
	5	Other direct expenses				
		•	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
^	Г					
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses r		erminated during the tax	year?	L Yes L No
Ø	11 "	Yes," explain:				
_					.	orm 990 or 990-EZ) 2020
		1-25-20				

Sch	edule G (Form 990 or 990-EZ) 2020 FOOD FOR OTHERS, INC. 54-	1777	157	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?	. \square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	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?	Ш	Yes	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of continuous stated N			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Employee Employee			
17	Mandatory distributions:			
	I 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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0200	83 11-25-20 Schedule G (Fo	rm 000	or goo	_E7\ 2020
U32U	83 11-25-20 Schedule G (Fo	111 220	JI 9 3 U	

Schedule G	(Form 990 or 990-EZ)	FOOD FOR C	THERS,	INC.	54-1777157	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
	••	,				
<u></u>				· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOOD FOR	OTHERS,	INC.					54-1777157
Part I General Information on Grants	and Assistance						
Does the organization maintain records		-					
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	1	T .	<u> </u>		(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO HELP FAIRFAX DIAPERS
FAIRFAX DIAPERS							SUPPLY DIAPERS FOR THE
1731 KILLARNEY CT							CLIENTS SERVED BY FOOD
VIENNA, VA 22182	83-4337298	501(C)(3)	20,000.	0.	FMV		FOR OTHERS
2 Enter total number of section 501(c)(3)	and government o	_I organizations listed in t	_I he line 1 table		1	1	→ 1.
3 Enter total number of other organization							>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
FOOD FOR OTHERS RECEIVED A REPOR	T FROM THE	ORGANIZAT	TION THAT D	ETAILED THE	
JSE OF THE GRANT.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization FOOD FOR OTHERS, INC. Employer identification number 54-1777157

Pai	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d)	tormini		
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		-	· C
		арріюцью	items contributed	Form 990, Part VIII, line 1g	TIOTIOGOTI COTTITIO	ition an	- Iount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	5	67,270.	FAIR VALUE			
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			4 606 010			~~~	
19	Food inventory	X		4,676,918.	AVG WHOLESA	<u>.ьв</u> (COS	<u>T</u>
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()		<u> </u>					
29	Number of Forms 8283 received by the organization appropriate of Forms 8283							
	for which the organization completed Form 828	33, Part V, L	Jonee Acknowledg	jement 29			V	Na
20-	During the year did the experientian receive by	, aantributie	an any proporty rou	and a dia Dort I linea 1 through	ab 00 that it		Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date							
	•		•	•		30a		Х
h	exempt purposes for the entire holding period?					Sua		
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonetandard contribu	itions?	31		х
	Does the organization have a grit acceptance p					31		
J∠d						32a		x
h	If "Yes," describe in Part II.					32a		-2
33	If the organization didn't report an amount in co	olump (c) fo	r a type of propert	v for which column (a) is che	cked			
55	describe in Part II.	Giairii (C) 10	a type of propert	y 101 WITHOUT CONTINUE (a) IS CITE	oncu,			
	GOOGHAC III I CILII.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FOOD FOR OTHERS, INC.

Employer identification number 54-1777157

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF FOOD FOR OTHERS IS TO DISTRIBUTE FOOD TO OUR NEIGHBORS

IN NEED BY MOBILIZING OUR GIVING COMMUNITY AND VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE FOUR OFFICERS ON THE BOARD OF DIRECTORS. BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, ON-GOING OVERSIGHT OF THE AFFAIRS OF THE ORGANIZATION MAY BE CONDUCTED BY THE EXECUTIVE COMMITTEE.

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

THE 990 WAS PRESENTED TO THE BOARD OF DIRECTORS ELECTRONICALLY FOR REVIEW PRIOR TO THE FILING DATE.

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

EVERY BOARD MEMBER MUST SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS. POTENTIAL CONFLICTS ARISE, THE ENTIRE BOARD REVIEWS THE SITUATION AND DETERMINES WHETHER A CONFLICT EXISTS. IF SO, THE MEMBER WITH THE CONFLICT IS BARRED FROM VOTING ON MATTERS PERTAINING TO THE SUBJECT OF THE CONFLICT. THE MINUTES OF THE MEETING SHALL INCLUDE THE NAME OF THE PERSON WHO DISCLOSED OR OTHERWISE WAS FOUND TO HAVE FINANCIAL INTERST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, THE NAMES OF THOSE PRESENT FOR DISCUSSIONS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

FOOD FOR OTHERS, INC.	54-1777157
NATURE OF THE DISCUSSIONS, AND THE VOTE CONCERNING WHETHE	R THE CONFLICT
EXISTED.	
EODM 000 DADE VI GEGETON D. LINE 153.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS INITIAT	
EXECUTIVE DIRECTOR. THE REVIEW INVOLVES GATHERING INPUT F	ROM ALL MEMBERS OF
THE BOARD OF DIRECTORS. THE COMMITTEE THEN TAKES THE REVI	EW INTO
CONSIDERATION AS WELL AS A LISTING OF COMPARABLE PAY IN L	OCAL NON-PROFIT
ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE THE PAY FOR TH	E EXECUTIVE
DIRECTOR. FOR KEY EMPLOYEES, THE DATA IS COMPARED TO FAIR	FAX COUNTY'S PAY
SCALE.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE A	ND ANOTHER
ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION. HOWEVER, TH	E FORM 1023 IS
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, GOVERNING	DOCUMENTS, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
AN AUDITOR WAS SELECTED BY THE AUDIT COMMITTEE AND THE BO	ARD OF
DIRECTORS.	