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DUDI TO DIGGLOGUDE CODY
PUBLIC DISCLOSURE COPY



November 14, 2022

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

Dear Ms. Turner,

Enclosed is the organization's 2021 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, 2022.

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 \*\*

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

Open to Public Inspection

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

<u>A</u>	ror un	e 2021 calendar year, or tax year beginning 000 1, 2021 and	enaing U	UN 30, 2022	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	FOOD FOR OTHERS, INC.			
	Name chang	e Doing business as		54-17771	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2938 PROSPERITY AVENUE		703-207-	9173
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,527,745.
L	Amen return			H(a) Is this a group re	
L	Application pendi			for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		te: > WWW.FOODFOROTHERS.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $1995$ $_{ m N}$	🛚 State of legal domicile: VA
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O	
Activities & Governance					
ž	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
Se Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18
ξ	6	Total number of volunteers (estimate if necessary)			1797
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		8,403,716.	8,011,394.
ž	9	Program service revenue (Part VIII, line 2g)		872,823.	797,971.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,283.	183,804.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,420,822.	8,993,169.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		956,540.	1,078,590.
Expenses	160			0.	0.
en	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  131,5	75.	•	
Ä	1,0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,836,473.	6,302,679.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,813,013.	7,406,269.
				2,607,809.	1,586,900.
<u> </u>	3 19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or	<u> </u>	Total access (Dort V. line 16)	De	6,608,640.	End of Year 7,441,575.
ASS( Rall	20	Total assets (Part X, line 16)		165,451.	208,247.
let/	21	Total liabilities (Part X, line 26)		6,443,189.	7,233,328.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		0,443,103.	7,233,320•
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the heet of m	v knowledge and helief it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedies.			y Kilowieuge allu bellet, it is
uuc	5, 001160	is, and complete. Decial ation of preparer (other than officer) is based on all information of whi	iicii piepaiei	las any knowledge.	
۵.		Signature of officer		I Date	
Sig				Buto	
He	re	ANNIE TURNER, EXECUTIVE DIRECTOR Type or print name and title			
			- 11	Date Check	PTIN
Da:		Print/Type preparer's name  Preparer's signature  Preparer's signature		OHOOK	
Pai			urkı. X	1/14/22 if self-employs	P00969957
	parer	Firm's name MATTHEWS, CARTER & BOYCE	260	Firm's EIN	54-1487262
US	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE 2	<b>40U</b>		2 210 2600
		FAIRFAX, VA 22033		Phone no. 70	3-218-3600
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement 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 PER	
	AND FAMILIES LOCATED PRINCIPALLY IN NORTHERN VIRGINIA. FOOD FOR	
	ALSO PROVIDES RELIEF TO CHURCHES AND OTHER ORGANIZATIONS THAT O	PERATE
	EXCLUSIVELY FOR SUCH CHARITABLE PURPOSES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	\	797,971. <sub>)</sub>
	FOOD FOR OTHERS DISTRIBUTED OVER 3.7 MILLION POUNDS OF FREE FOO	
	FAMILIES AND ORGANIZATIONS TO HELP ALLEVIATE HUNGER IN THE NORT	
	VIRGINIA AREA. INDIVIDUAL HOUSEHOLDS WERE PROVIDED FOOD ON 139,	
	OCCASIONS THROUGHOUT THE YEAR. FOOD FOR OTHERS PROVIDES WEEKEND	FOOD TO
	LOW-INCOME STUDENTS IN NORTHERN VIRGINIA ELEMENTARY SCHOOLS.	
4b	(Code:) (Expenses \$	)
	¬	
4c	(Code:) (Expenses \$	
	/ (a.p. 100 to 1	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 6,861,791.	
		Form <b>990</b> (2021)

### 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? 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	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		<del></del>
Ü	Schedule D, Part III	8		Х
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		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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		X
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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	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		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		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  ^</del> `
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	, , , , , , , , , , , , , , , , , , , ,			

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Form **990** (2021)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24 a	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			٠,,
	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			7.7
	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	l		- v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		3,7
	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 the 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			v
	"Yes," complete Schedule L, Part IV	28c	v	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			- v
	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			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
D	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	256		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	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	30		- 25
31	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 on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
-	Schools S Schools & Sepando of floto to diff fillo if the v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
			aan	(0004)

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Form **990** (2021)

Form 990 (2021) 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?	2b	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	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			.,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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?	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		
	<b>Note:</b> 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 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	4-		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	"		
	,			

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 15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	77	
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 on Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 11	Х
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		- 11
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
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.	J Jiny	, availe	
	X 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 finar	ncial	
	statements available to the public during the tax year.		_ /1	
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			

132006 12-09-21

Form **990** (2021)

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

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

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

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

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

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

(A)	(B)	J. gc		((	C)		1001	(D)	(E)	(F)
Name and title	Average	(do			ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					Ė	from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNIE TURNER	40.00	드	드	5	포	王占	윤			
EXECUTIVE DIRECTOR				х				123,300.	0.	24,377.
(2) BOBBY BHATNAGER	2.00							,		
CHAIRMAN		Х		х				0.	0.	0.
(3) JEFF MARIN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) HILLARY WEST	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) JANE SCHAPIRO BROWN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LEIGH BURKE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) REBECCA CHANIN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MARITEL DASCO	2.00								_	
DIRECTOR		Х						0.	0.	0.
(9) WILLIAM DALY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBERT FARRELL	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(11) SHELLY O'NEILL STONEMAN	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(12) LINDA DANG (EFF 1/2022)	2.00	Х						0.	0.	0
DIRECTOR (13) APPROLES BORIA	2.00	^						0.	0.	0.
(13) ARNOLDO BORJA	2.00	Х						0.	0.	0.
DIRECTOR (14) JAHANGIR BOROUMAND	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(15) MATT SALTER	2.00	<u> </u>	$\vdash$	$\vdash$		$\vdash$		0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(16) SARAH SCAFIDI	2.00	<del> </del>	$\vdash$			$\vdash$			•	<u> </u>
DIRECTOR	2,00	х						0.	0.	0.
2.15		<u> </u>				$\vdash$				3.
		1								
		_				_	_	1		- 000

Form 990 (2021)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	stimate	∌d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	ar	nount	of
		week	-	Cer ai	iu a u	III ecit	Jiruus	lee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	8			ated		organization	(W-2/1099-MIS	SC/		om the	
		organizations	ustee	trust		9	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	ual tr	ional		ploye	t con	L	1099-NEC)				u reiati anizati	
		line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former				o.g.	arnzaci	5110
			=	=	0	3	Ξ 0	<u> </u>						
			1											
							-							
			1											
	Culabatal							L	123,300.		0.	2	4,3	77
	Subtotal Total from continuation sheets to Part V								0.		0.		<del>-</del> ,5	0.
	Total (add lines 1b and 1c)								123,300.		0.	2	4,3	
2	Total number of individuals (including but n									.000 of reportab	-		-,-	
_	compensation from the organization						<b>-</b> ,			,000 0, 10,001,100				1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	r hig	ghest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-			-			5		Х
Sec	tion B. Independent Contractors	piete Scriedui	<del>e                                    </del>	01 30	ucn	pers	SOII .					3		
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation ·	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
	<b>(A)</b> Name and business	addraga	3.77	~ <b>*</b> * * * *	_				(B)	om doos	_		C)	_
	Name and business	address	1/1	INC	<u> </u>			$\dashv$	Description of s	ervices		ompe	nsatio	11
								$\dashv$						
								ᆜ						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mıte	a to		se li: 0	stec	a apove) who received m	ore tnan				
	w 100,000 of compensation from the organi	Zation -					_					Form	990 (2	2021)

						OTHE	RS, INC.			54-1777	157 Page <b>9</b>
Pa	rt V	/111									
			Check if Schedule O	cont	ains a ı	response	or note to any lin	e in this Part VIII			
								Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
ts t	1	а	Federated campaigns			1a	122,767.				
ran	·		Membership dues		ı	1b	,				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			1c	134,911.				
ar /			Related organizations			1d	,				
s, G			Government grants (contr		ī	1e					
ion			All other contributions, gifts,		′ 1						
the			similar amounts not included			1f	7,753,716.				
d Offi		g	Noncash contributions included in			1g \$	4,546,222.				
a Co		h	Total. Add lines 1a-1f					8,011,394.			
							Business Code				
e,	2	а	FOOD PROGRAMS				900099	797,971.	797,971.		
e Ž		b									
Sur		С									
eve		d									
Program Service Revenue		е									
<u> </u>		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					797,971.			
	3		Investment income (include								
		other similar amounts)					▶	142,947.			142,947.
	4		Income from investment of	of tax	x-exem	pt bond p	oroceeds <b>&gt;</b>				
	5		Royalties	<u></u>			<b>&gt;</b>				
					(i)	Real	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss	)	_						
	7	а	Gross amount from sales of			ecurities	(ii) Other				
			assets other than inventory	7a	2,5	35,870.					
o l		b	Less: cost or other basis		l						
venue			and sales expenses	7b		95,013.					
ίο			Gain or (loss)	7с		40,857.	·I	40.055			40.055
Other R	_		Net gain or (loss)				<b>P</b>	40,857.			40,857.
Ĕ.	8	а	Gross income from fundraising		-						
١			including \$								
			contributions reported on		-	I	39,563.				
		h	Part IV, line 18 Less: direct expenses								
			Net income or (loss) from					0.			
	9		Gross income from gamin		_		<b>F</b>	•			
	·	_	Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				<b></b>				
	10		Gross sales of inventory,	-	-						
			and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from				-				
s							Business Code				
e gon	11	а									
Miscellaneous Revenue		b									
je je		С									
ĕ		d	All other revenue								

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183,804. Form **990** (2021)

e Total. Add lines 11a-11d

8,993,169.

797,971.

#### 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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b.	se or note to any line in  (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	25 000	25 000		
	and domestic governments. See Part IV, line 21	25,000.	25,000.		
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,	140 002	07 400	27 406	1/ 000
	trustees, and key employees	149,983.	97,489.	37,496.	14,998
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	744 000	400 410	104 074	70 600
7	Other salaries and wages	744,902.	480,419.	184,874.	79,609
8	Pension plan accruals and contributions (include	14 006	0 600	2 724	1 400
_	section 401(k) and 403(b) employer contributions)	14,896. 102,613.	9,682. 66,699.	3,724.	1,490 10,261
9	Other employee benefits		43,027.		6,620
10	Payroll taxes	66,196.	43,027.	16,549.	0,6∠0
11	Fees for services (nonemployees):				
а	Management				
b	Legal	F7 011		F7 011	
С	Accounting	57,811.		57,811.	
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,	E1 0EE	F. F. O.C.C	12 400	
	column (A), amount, list line 11g expenses on Sch 0.)	71,275.	57,866.	13,409.	
12	Advertising and promotion	E1 022	45 450	0.4 1.42	1 640
13	Office expenses	71,233.	45,450.	24,143.	1,640
14	Information technology	76,423.	56,677.	15,575.	4,171
15	Royalties	62.020	40.000	02.010	
16	Occupancy	63,938.	40,920.	23,018.	
17	Travel	16,886.	16,886.		
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	106 604	100 004		
22	Depreciation, depletion, and amortization	106,624.	106,624.		0 001
23	Insurance	27,285.	17,580.	6,821.	2,884
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DONATED FOOD	5,693,475.	5,693,475.		
b	BAD DEBT EXPENSE	51,227.	51,227.		
С	MISCELLANEOUS	37,851.	34,021.	3,830.	
d	REPAIRS AND MAINTENANCE	18,749.	18,749.		
е	All other expenses	9,902.			9,902
25	Total functional expenses. Add lines 1 through 24e	7,406,269.	6,861,791.	412,903.	131,575
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** (2021)

# Form 990 (2021) Part X Balance Sheet

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,222,788.	1	1,461,490
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			80,981.	3	76,874
	4	Accounts receivable, net		125,499.	4	32,244	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			455,794.	8	265,429
⋖	9	Prepaid expenses and deferred charges			32,051.	9	28,768
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		903,503.			
	b	Less: accumulated depreciation		541,510.	342,800.	10c	361,993
	11	Investments - publicly traded securities		4,338,641.	11	5,204,691	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	10 006	14	10.006		
	15	Other assets. See Part IV, line 11	10,086.	15	10,086		
	16	Total assets. Add lines 1 through 15 (must ed			6,608,640.	16	7,441,575
	17	Accounts payable and accrued expenses	139,951.	17	147,440		
	18	Grants payable	25,500.	18	10 500		
	19	Deferred revenue			25,500.	19	19,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ties	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lia	00	controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, page 14).				24	
	25	parties, and other liabilities not included on lin	•				
		of Schedule D	55 17-24	. Complete Fait X	0.	25	41,307
	26	Total liabilities. Add lines 17 through 25			165,451.	26	208,247
		Organizations that follow FASB ASC 958, cl					
Ses		and complete lines 27, 28, 32, and 33.					
au	27				6,229,127.	27	7,056,002.
Ba	28	Net assets with donor restrictions	214,062.	28	177,326.		
밀		Organizations that do not follow FASB ASC					
년		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			6,443,189.	32	7,233,328.
	33	Total liabilities and net assets/fund balances			6,608,640.	33	7,441,575.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,40		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,44		
5	Net unrealized gains (losses) on investments	5		-79	6,7	61.
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		7,23	3,3	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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 on Schedule	e 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	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	Х	
	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	e audit	t,			
review, or compilation of its financial statements and selection of an independent accountant?					Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	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	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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** 

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	` ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	4,284,059.	3,880,210.	5,921,949.	8,403,716.	8,011,394.	30,501,328.
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	201,888.	_	258,493.			1,251,827.
4	Total. Add lines 1 through 3	4,485,947.	4,131,174.	6,180,442.	8,669,963.	8,285,629.	31,753,155.
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)						356,619.
	Public support. Subtract line 5 from line 4.						31,396,536.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4,485,947.	4,131,174.	6,180,442.	8,669,963.	8,285,629.	31,753,155.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,363.	38,175.	25,227.	144,283.	183,803.	415,851.
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.)			29.			29.
11	<b>Total support.</b> Add lines 7 through 10						32,169,035.
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 fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop		<u></u>				<u></u> ▶□
	ction C. Computation of Publ						0.5.0
	Public support percentage for 2021 (I					14	97.60 %
	Public support percentage from 2020					15	99.12 %
16a	33 1/3% support test - 2021. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	-					
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu						<b>&gt;</b>
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) 2021

#### 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.)

Sec	ction A. Public Support	, ,	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	21 <b>(f)</b> 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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	21 <b>(f)</b> Total
	Amounts from line 6	` ,	, ,	, ,	` '	` ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second third	rourth, or fifth tax	vear as a section	501(c)(3) or	uanization
•		-					`
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2021. If the						<u> </u>
	more than 33 1/3%, check this box a						<b>▶</b> □
r	33 1/3% support tests - 2020. If the						
~	line 18 is not more than 33 1/3%, che	•			•		
20	<b>Private foundation.</b> 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
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	instructio	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 FOOD FOR OTHERS, INC.			54-1777157 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	Ĭ
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain i	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 <b>Part VI</b> ):			
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	1					
Secti	Section D - Distributions Current Year								
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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	ne organization is responsive	е						
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2021 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								

Schedule A (Form 990) 2021

Part VI	Cumplemental Information Devide the surface translation made the Det II Fee to Det II Fee to Det III Fee to		
T dit 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)

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

FOOD	FOR OTHERS, INC.	54-1777157				
Organization type (check one):	Organization type (check one):					
Filers of: Sec	etion:					
Form 990 or 990-EZ	501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
, 0	ered by the <b>General Rule</b> or a <b>Special Rule.</b> ), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. 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						
sections 509(a)(1) and 1 contributor, during the y	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions excluis checked, enter here the purpose. Don't complete	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigcup \\$					
<b>Solution:</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> swer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,387,187.	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		\$ 275,695.	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		\$ 192,916.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 117,401.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$182,488.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$118,191 <b>.</b>	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	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
9		\$\$	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
10		\$1,000,000.	Person X Payroll
(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
	DONATED FOOD		
1			
		\$1,387,187.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
2			
		\$ 275,695.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
3			
		\$192,916.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
$-\frac{4}{}$			
		\$117,401.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
5	-		
		\$ 182,488.	06/30/22
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
_	DONATED FOOD		
6			
100450 11 1		\$ <u>118,191.</u>	06/30/22

Schedule B (Form 990) (2021) Page **3** 

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DONATED FOOD		
		_	
		<u>\$</u> 231,369.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD	_	
8			06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	DONATED FOOD	_	
		 	06/30/22
(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
123453 11-1			Schadula B (Form 990) (2021)

Name of organization Employer identification number 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 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

#### **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

Inspection

Name of the organization

FOOD FOR OTHERS, INC.

**Employer identification number** 54-1777157

Par	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised	l funds	<b>b)</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 $\boldsymbol{\nu}$	writing that the assets he	ld in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for an	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)		orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or to	erminated by the orgar	nization during the tax
	year -			
4	Number of states where property subject to conservation eas		in a language of	
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concernati	
6	Starr and volunteer flours devoted to florintoning, inspecting,	manuling of violations, an	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	forcing conservation ea	esements during the year
•	\$ \$ \$	and cri	ording conscivation ca	ascinetits during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	ŭ		
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, 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 reve	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e 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 treatments			
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

Par	rt III Organiza	tions Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Other	Simila	ar Asse	<b>ts</b> (continue	<i>∋d)</i>
3	Using the organizat	tion's acquisition, accessi	ion, and other record	ls, check	any of the	following tha	t make sig	nificant	use of its		
	collection items (ch	neck all that apply):									
а	Public exhibit	tion	d	ı 🔲 L	oan or exc	hange progra	ım				
b	Scholarly res	earch	е	· 🗌 c	Other						
С	Preservation	for future generations									
4	Provide a description	on of the organization's c	ollections and explai	n how the	ey further t	he organization	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did	d the organization solicit of	or receive donations	of art, his	torical trea	sures, or othe	er similar a	assets			
	to be sold to raise t	funds rather than to be m	aintained as part of t	the organ	ization's co	ollection?				Yes	No_
Par	rt IV Escrow a	ınd Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	'Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an	amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization	an agent, trustee, custod	ian or other intermed	diary for c	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part 2	X?								Yes	O No
b		e arrangement in Part XIII									
										Amount	
С	Beginning balance							1c			
		e year									
		the year									
f								1f			
2a		n include an amount on F						y?		Yes	☐ No
	-	e arrangement in Part XIII.									
Par		ent Funds. Complete i									
			(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back (c	1) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year b	palance									
		nings, gains, and losses									
		nips									
	Other expenditures										
_	· ·										
f		enses									
		е									
2	· ·	ted percentage of the cur	rent vear end haland	e (line 10	r column (:	a)) held as:	<u> </u>				
		or quasi-endowment	Terri year eria balarie	%	y, column (e	ajj ricia as.					
	Permanent endowr		%	_′°							
	Term endowment	· —									
·		n lines 2a, 2b, and 2c sho	· -								
32		ent funds not in the posse	·	ation that	t are held a	and administe	red for the	organiz	ation		
ou	by:	ont failed flot in the posse	2331011 Of the organiza	ation that	t are ricid a	ina administe	ica ioi tiit	organiz	ation	Y	es No
	•	nizations									
		zations									
h		i), are the related organiza									
1		If the intended uses of the								00	
Par		ildings, and Equipm		WITHERITE II	unus.						
		the organization answere		) Part IV	line 11a S	See Form 990	Part X li	ne 10			
		on of property	(a) Cost or o			or other		umulate	d	(d) Book v	عاياد
	Description	on or property	basis (investr			(other)		eciation	٦	(u) Dook v	aiue
10	Land		<del>- '</del>		24010	(50.101)	аорі	- DIGUIOIT			
		ments			5	2,229.				52	,229.
						8,961.	3	81,5	51.		,410.
				+		2,313.		59,9			,354.
		ah 1a (Column (d) must e		V ookum				.,,,			993.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FOOD FOR OTIPE Part VIII Investments - Other Securities.	HERS, INC.	54	-1777157 Page 3
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 en	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 en	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 V line 15	
	Description	Tra. Gee Form 556, Fare X, line 15.	(b) Book value
	Scoonphon		(b) Book value
<u>(1)</u>			
(2) (3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	<b>&gt;</b>	
Part X Other Liabilities.		,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCE			41,307
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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) 2021

41,307.

Pai	Reconciliation of Revenue per Audited Financial Stateme		i nevellue per n	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0 470 642
1	Total revenue, gains, and other support per audited financial statements			1	8,470,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	706 761		
а	Net unrealized gains (losses) on investments		-796,761.		
b	Donated services and use of facilities		274,235.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			F00 F06
е	Add lines 2a through 2d			2e	-522,526.
3	Subtract line 2e from line 1			3	8,993,169.
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.)				0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,993,169.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem		in Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			г. т	7 600 504
1	Total expenses and losses per audited financial statements			1	7,680,504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	274 225		
а	Donated services and use of facilities		274,235.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				274 225
е	Add lines 2a through 2d			2e	274,235.
3	Subtract line 2e from line 1			3	7,406,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	7,406,269.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gro			·	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			_	GOLF	NONE	(add col. (a) through
			FFO 5K	TOURNAMENT		col. <b>(c)</b> )
Ф			(event type)	(event type)	(total number)	001. <b>(0)</b>
Revenue						
3ev	1	Gross receipts	62,644.	111,830.		174,474.
ш			40 504	05.000		104 044
	2	Less: Contributions	49,531.	85,380.		134,911.
			12 112	26 450		20 562
	3	Gross income (line 1 minus line 2)	13,113.	26,450.		39,563.
	4	Cash prizes				
	_	Nanagah prizas				
SS	5	Noncash prizes				
ens(	6	Rent/facility costs				
Direct Expenses	0	Tient facility costs				
ct E	7	Food and beverages				
)ire	•	, oca ana povorageo				
_	8	Entertainment				
	9	Other direct expenses	13,113.	26,450.		39,563.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	39,563.
		Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>&gt;</b>	0.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue			-	billyo/progressive billyo		col. (a) through col. (c))
Re	_					
		Gross revenue				
	2	Cash prizes				
ses	_	CdSi1 p1/200				
per	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
					_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		Not gaming income our many Cultivact line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
a	Ent	ter the state(s) in which the organization condu	icts damind activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		· · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

132082 10-21-21 Schedule G (Form 990) 2021

11 Does the organization conduct gaming activities with nonmembers?  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?  13 Indicate the percentage of gaming activity conducted in:  a The organization's facility  13a  9	Sche	dule G (Form 990) 2021	FOOD	FOR	OTHERS,	INC.			54-1	777	157	Page 3
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?	11	Does the organization conduct ga	aming activi	ities with	nonmembers?	,					Yes	☐ No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility  13a 9 13b 9 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?	12	ls the organization a grantor, ben-	eficiary or t	rustee o	of a trust, or a m	ember of a	a partnership or otl	her entity formed			Vos	□ No
a The organization's facility  b An outside facility  13a  9  13b  9  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Address  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?											163	140
b An outside facility										120	I	%
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?												
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?										ISD	<u> </u>	70
Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			·		-			its books and reco	nus.			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No.  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ C If "Yes," enter name and address of the third party:  Name ▶												
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:								uming revenue?			Ves	No
of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address of the third party:  Name ▶											103	
c If "Yes," enter name and address of the third party:  Name ▶							· \$	and the am	ount			
Name ▶				_								
	С	If "Yes," enter name and address	of the third	d party:								
Address		Name ▶										
		Address										
<b>16</b> Gaming manager information:	16	Gaming manager information:										
Name ▶		Name ►										
Gaming manager compensation ▶ \$		Gaming manager compensation	<b>&gt;</b> \$									
Description of services provided ▶		Description of services provided	<b></b>									
Director/officer Employee Independent contractor		Director/officer	Empl	oyee		ndepende	ent contractor					
17 Mandatory distributions:	17	Mandatory distributions:										
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			r state law t	to make	charitable distr	ibutions fr	om the gaming pro	oceeds to				
											Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the												
organization's own exempt activities during the tax year > \$			=					•				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		<u> </u>				s required	by Part I, line 2b,	columns (iii) and (v	/); and Par	t III, lir	nes 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		15b, 15c, 16, and 17b, as	s applicable	e. Also p	rovide any addi	tional info	rmation. See instru	ictions.				

Schedule G	(Form 990)	FOOD FOR O	THERS,	INC.	54-1777157	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued)				
		· · · · · · · · · · · · · · · · · · ·				
-						

#### 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 a	ınd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domest	ic Governments. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAIRFAX DIAPERS 1731 KILLARNEY CT							TO HELP FAIRFAX DIAPERS SUPPLY DIAPERS FOR THE CLIENTS SERVED BY FOOD
VIENNA, VA 22182	83-4337298	501(C)(3)	25,000.	0.	FMV		FOR OTHERS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 red	quired 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 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

rai		Types	s of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermir	•	s
1	Art - ۱	Works of	art							
2			treasures							
3			l interests							
4										
5	Books and publications Clothing and household goods									
	Ciotning and nousehold goods  Cars and other vehicles									
6										
7			nes							
8			operty	X	2	31 013	.FAIR VALUE			
9			blicly traded			31,013	• LVIK AVIOR			
10			osely held stock							
11			rtnership, LLC, or							
12			scellaneous							
13			ervation contribution -							
			ures							
14			ervation contribution - Other							
15			Residential							
16			Commercial							
17	Real	estate - C	Other							
18	Colle	ctibles								
19	Food	inventory	y	X	2,522,463	4,515,209	.AVG WHOLESA	LE	cos	<u>T</u>
20	Drug	s and me	dical supplies							
21	Taxid	lermy								
22	Histo	rical artifa	acts							
23			cimens							
24			artifacts							
25	Othe		(							
26	Othe	r 🕨	(							
27	Othe	r 🕨	(							
28	Othe	r 🕨	(							
29	Numl	ber of For	rms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for w	hich the c	organization completed Form 82	83, Part V, [	Donee Acknowledg	ement 29				
									Yes	No
30a	Durin	g the yea	ar, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 thro	ough 28, that it			
	must	hold for a	at least three years from the date	e of the initia	al contribution, and	which isn't required to be	used for			
			ses for the entire holding period					30a		Х
b			ibe the arrangement in Part II.							
31			nization have a gift acceptance	policy that re	equires the review	of any nonstandard contri	butions?	31		Х
			nization hire or use third parties							
		ibutions?	·		•			32a		х
h			ibe in Part II.		•••••					_
33			tion didn't report an amount in c	column (c) fo	r a type of propert	v for which column (a) is c	hecked.			
		ribe in Pa		, c. a. i i i (o) i o	. a type of propert	, 13	1001104,			
_HA			ork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	/ (Form	n 990)	2021
, .							Concado I			

132141 11-17-21

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

Name of the organization

FOOD FOR OTHERS, INC.

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 1A:

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) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** FOOD FOR OTHERS, INC. 54-1777157 NATURE OF THE DISCUSSIONS, AND THE VOTE CONCERNING WHETHER THE CONFLICT EXISTED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS INITIATES A REVIEW OF THE EXECUTIVE DIRECTOR. THE REVIEW INVOLVES GATHERING INPUT FROM ALL MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE THEN TAKES THE REVIEW INTO CONSIDERATION AS WELL AS A LISTING OF COMPARABLE PAY IN LOCAL NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE THE PAY FOR THE EXECUTIVE DIRECTOR. FOR KEY EMPLOYEES, THE DATA IS COMPARED TO FAIRFAX COUNTY'S PAY SCALE. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ANOTHER ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION. HOWEVER, THE 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 BOARD OF DIRECTORS.

FO58\_\_\_2

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Open to Public Inspection

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

<u>A</u>	ror un	e 2021 calendar year, or tax year beginning 000 1, 2021 and	enaing U	UN 30, 2022	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	FOOD FOR OTHERS, INC.			
	Name chang	e Doing business as		54-17771	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2938 PROSPERITY AVENUE		703-207-	9173
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,527,745.
L	Amen return			H(a) Is this a group re	
L	Application pendi			for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		te: > WWW.FOODFOROTHERS.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $1995$ $_{ m N}$	🛚 State of legal domicile: VA
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O	
Activities & Governance					
ž	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
Se Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			18
ξ	6	Total number of volunteers (estimate if necessary)			1797
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		8,403,716.	8,011,394.
ž	9	Program service revenue (Part VIII, line 2g)		872,823.	797,971.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,283.	183,804.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,420,822.	8,993,169.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		956,540.	1,078,590.
Expenses	160			0.	0.
oen	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  131,5	75.	•	
Ä	1,0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,836,473.	6,302,679.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,813,013.	7,406,269.
				2,607,809.	1,586,900.
<u> </u>	3 19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or	<u> </u>	Total access (Dort V. line 16)	De	6,608,640.	End of Year 7,441,575.
ASS( Rall	20	Total assets (Part X, line 16)		165,451.	208,247.
let/	21	Total liabilities (Part X, line 26)		6,443,189.	7,233,328.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		0,443,103.	7,233,320•
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the heet of m	v knowledge and belief it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedies.			y Kilowieuge allu bellet, it is
uuc	, correc	is, and complete. Decial ation of preparer (other than officer) is based on all information of whi	iicii piepaiei	las any knowledge.	
۵.		Signature of officer		I Date	
Sig				Buto	
He	re	ANNIE TURNER, EXECUTIVE DIRECTOR Type or print name and title			
			- 11	Date Check	PTIN
Da:		Print/Type preparer's name  Preparer's signature  Preparer's signature		OHOOK	
Pai			urkı. X	1/14/22 if self-employs	P00969957
	parer	Firm's name MATTHEWS, CARTER & BOYCE	260	Firm's EIN	54-1487262
US	Only	Firm's address 12500 FAIR LAKES CIRCLE, SUITE 2	<b>40U</b>		2 210 2600
		FAIRFAX, VA 22033		Phone no. 70	3-218-3600
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Ц
1	- · · · · · · · · · · · · · · · · · · ·	TED DEDCONG
	FOOD FOR OTHERS PROVIDES RELIEF TO POOR AND UNDERPRIVILED	
	AND FAMILIES LOCATED PRINCIPALLY IN NORTHERN VIRGINIA. FO	
	ALSO PROVIDES RELIEF TO CHURCHES AND OTHER ORGANIZATIONS	THAT OPERATE
	EXCLUSIVELY FOR SUCH CHARITABLE PURPOSES.	
2	3 , 3 , 3	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 6,861,791. including grants of \$ 25,000.) (Revenue \$	797,971.
	FOOD FOR OTHERS DISTRIBUTED OVER 3.7 MILLION POUNDS OF FR	
	FAMILIES AND ORGANIZATIONS TO HELP ALLEVIATE HUNGER IN TH	IE NORTHERN
	VIRGINIA AREA. INDIVIDUAL HOUSEHOLDS WERE PROVIDED FOOD C	N 139,264
	OCCASIONS THROUGHOUT THE YEAR. FOOD FOR OTHERS PROVIDES V	VEEKEND FOOD TO
	LOW-INCOME STUDENTS IN NORTHERN VIRGINIA ELEMENTARY SCHOOL	DLS.
	•	
4b	) (Code:) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
40	) (Lode:) (Expenses \$) (Revenue \$	,,
4c	C (Code:) (Expenses \$) (Revenue \$	s)
4d	d Other program services (Describe on Schedule O.)	
<del>-t</del> u		1
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses \$ 6,861,791.	J
<u>4e</u>	e Total program service expenses ► 6,861,791.	Form <b>990</b> (2021)

#### 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? 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	э		122
O	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,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ŭ	Schedule D, Part III	8		х
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		Х
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		Х
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability 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		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	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. See instructions	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	<u> </u>
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Dart IV	Checklist of Required Schedules (continued)
I all IV	i Offeckiist of Neddifed Ocheddies Continued

•	are in the damper contraction (continued)		V	I 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	Yes	No X
23		22		
24	Schedule J  La 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	23		X
	Schedule K. If "No," go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	Sa 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		х
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? If "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,			
	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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29		29	Х	
30		30		х
31		31		X
32		<del>  • •</del>		+
	Schedule N, Part II	32		х
33	, , , , , , , , , , , , , , , , , , , ,			X
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Part V, line 1	34		х
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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 on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1	la Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
		0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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### (D21) FOOD FOR OTHERS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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		2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	8								
			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)'?	4a		X					
D	If "Yes," enter the name of the foreign country									
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advantage and the appropriate of production	·	E-		Х					
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X					
			5c							
ou	any contributions that were not tax deductible as charitable contributions?	-	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		- Ou							
-	were not tax deductible?	•	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?	•	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	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?									
9										
а			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:	ا ء ا								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100								
'' a	```	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114								
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·	12a							
	1,7,7	12b								
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	13b								
С	Enter the amount of reserves on hand	13c			X					
14a										
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		Х					
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.				v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х					
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		47							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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 15										
	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 15										
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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a											
	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		Х							
	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	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on 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		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
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	) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X 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 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										

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

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

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

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

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

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

(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do	Position (do not check mot box, unless person			than	one	Reportable	Reportable	Estimated amount of
	hours per week	offi	cer ar	ss pe id a d	irecto	or/trus	n an tee)	compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	ndividual trustee or director	gg.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		9	suadı		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	dual tr	nstitutional trustee	١.	nploy	st con yee	_	1099-NEC)		organizations
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE TURNER	40.00									
EXECUTIVE DIRECTOR				Х				123,300.	0.	24,377.
(2) BOBBY BHATNAGER	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) JEFF MARIN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) HILLARY WEST	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) JANE SCHAPIRO BROWN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LEIGH BURKE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) REBECCA CHANIN	2.00								0	•
DIRECTOR	0.00	Х						0.	0.	0.
(8) MARITEL DASCO	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(9) WILLIAM DALY	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(10) ROBERT FARRELL	2.00	X						0.	0.	0
DIRECTOR	2.00	^						0.	0.	0.
(11) SHELLY O'NEILL STONEMAN DIRECTOR	2.00	X						0.	0.	0.
(12) LINDA DANG (EFF 1/2022)	2.00	Δ						0.	0.	
DIRECTOR	2.00	Х						0.	0.	0.
(13) ARNOLDO BORJA	2.00								•	
DIRECTOR	2.00	x						0.	0.	0.
(14) JAHANGIR BOROUMAND	2.00									
DIRECTOR		x						0.	0.	0.
(15) MATT SALTER	2.00									
DIRECTOR		Х						0.	0.	0.
(16) SARAH SCAFIDI	2.00									
DIRECTOR		Х						0.	0.	0.
		L								

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Section A. Onicers, Directors, Trus	iees, Key Eili	pioy	ees	, and	a mi	gne	St C	ompensated Employe	es (continueu)			
(A) Name and title	Average hours per week  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	1		
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)			e ion ed
		트	Ч	JO.	Ke	H H	요					
		-										
		$\vdash$										
		Ш						123,300.	0.	1	4,3	77
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n								123,300.	0 .	2	4,3	77.
compensation from the organization				,					,oco or reportable		Yes	1
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	oloyee on		res	No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								her compensation from		3		Х
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" coi	mple	ete S	Sche	edule	e J f	or such individual		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elat	ed organization or indivi	dual for services	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	dene	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	-	-						n the organization's tax y	· · · · · · · · · · · · · · · · · · ·			
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices (		C) ensatio	n
O Tablesonby (1)				-1 •				Labarra Vallanda da d	41-			
Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot III	nite	d to		se lis	sted	i above) who received m	nore than			
									·	Form	990 (2	2021

Form			,		THE	ERS, INC.			54-1777	157 Page <b>9</b>
Pa	rt V	/								
			Check if Schedule O con	ntains a res	ponse	or note to any lin	e in this Part VIII			<u></u>
								(B)	<b>(C)</b> Unrelated	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	business revenue	for any factor and any
										sections 512 - 514
nts nts	1	а	Federated campaigns	1a		122,767.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		,					
Ę,			Fundraising events		:	134,911.				
a ii				10	1	,				
S, G			Government grants (contribu		+					
Sign			All other contributions, gifts, gra							
le Ei		•	similar amounts not included abo			7,753,716.				
漢하		~	Noncash contributions included in line		1 \$	4,546,222.				
ο E		_					8,011,394.			
<u> </u>		"	Total. Add lines 1a-1f			Business Code	0,011,354.			
	_		EOOD DROCRAMC			900099	707 071	707 071		
je	2	-	FOOD PROGRAMS			300033	797,971.	797,971.		
ne je		b								
n S		С								
Jra Re		d								
Program Service Revenue		е								
ъ			All other program service rev							
			Total. Add lines 2a-2f				797,971.			
	3		Investment income (including	•		· .				
			other similar amounts)				142,947.			142,947.
	4		Income from investment of ta	•		· •				
	5		Royalties							
				(i) Re	eal	(ii) Personal				
	6	а	Gross rents6	а						
		b	Less: rental expenses 6	b						
			Rental income or (loss) 6	С						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory 7	a 2,535	,870	,				
		b	Less: cost or other basis							
nue			and sales expenses 71							
evenue			Gain or (loss) 70		,857					
<b>~</b>			Net gain or (loss)		· · · · · <u>· · · · ·</u>	<b>&gt;</b>	40,857.			40,857.
Other	8	а	Gross income from fundraising e	-						
δ			including \$ 134							
			contributions reported on line	e 1c). See						
			Part IV, line 18							
		b	Less: direct expenses		8b	39,563.				
		С	Net income or (loss) from fun	ndraising ev	/en <u>ts</u>		0.			
	9	а	Gross income from gaming a	ctivities. S	ee					
			Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gar	ming activi	ties <u>.</u>	<b>&gt;</b>				
	10	а	Gross sales of inventory, less	s returns						
			and allowances		10a	a				
		b	Less: cost of goods sold		10k					
		С	Net income or (loss) from sal	es of inver	tory .					
က္						Business Code				
Miscellaneous Revenue	11	а								
lan ent		b								
eg ≥		С								
Mis		d	All other revenue							
-		_	Total, Add lines 11a-11d							

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Total revenue. See instructions

8,993,169.

797,971.

#### 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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	25 000	25 000		
	and domestic governments. See Part IV, line 21	25,000.	25,000.		
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,	140 002	07 400	27 406	14 000
_	trustees, and key employees	149,983.	97,489.	37,496.	14,998
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	744 000	400 410	104 074	70 (00
7	Other salaries and wages	744,902.	480,419.	184,874.	79,609
8	Pension plan accruals and contributions (include	14 006	0 600	2 704	1 400
	section 401(k) and 403(b) employer contributions)	14,896.	9,682.	3,724.	1,490
9	Other employee benefits	102,613.	66,699.	25,653.	10,261
10	Payroll taxes	66,196.	43,027.	16,549.	6,620
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	57,811.		57,811.	
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	71,275.	57,866.	13,409.	
12	Advertising and promotion				
13	Office expenses	71,233.	45,450.	24,143.	1,640
14	Information technology	76,423.	56,677.	15,575.	4,171
15	Royalties				
16	Occupancy	63,938.	40,920.	23,018.	
17	Travel	16,886.	16,886.		
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	106,624.	106,624.		<del></del>
23	Insurance	27,285.	17,580.	6,821.	2,884
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	5,693,475.	5,693,475.		
b	BAD DEBT EXPENSE	51,227.	51,227.		
С	MISCELLANEOUS	37,851.	34,021.	3,830.	
d	REPAIRS AND MAINTENANCE	18,749.	18,749.		
е	All other expenses	9,902.			9,902
25	Total functional expenses. Add lines 1 through 24e	7,406,269.	6,861,791.	412,903.	131,575
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)				

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# Form 990 (2021) Part X Balance Sheet

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,222,788.	1	1,461,490
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	80,981.	3	76,874		
	4	Accounts receivable, net	125,499.	4	32,244		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial (	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	oed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			455,794.	8	265,429
Ä	9				32,051.	9	28,768
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	903,503.			
	b	Less: accumulated depreciation		541,510.	342,800.	10c	361,993
	11	Investments - publicly traded securities			4,338,641.	11	5,204,691
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	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	qual line 3	33)	6,608,640.	16	7,441,575
	17	Accounts payable and accrued expenses			139,951.	17	147,440
	18	Grants payable		18			
	19	Deferred revenue			25,500.	19	19,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su	bstantial (	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to uni		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24	). Complete Part X	0		41 207
		of Schedule D			0.		41,307
	26	Total liabilities. Add lines 17 through 25			165,451.	26	208,247
Ş		Organizations that follow FASB ASC 958, o	heck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			6 220 127		7 056 000
ala	27	Net assets without donor restrictions			6,229,127.	27	7,056,002
В В	28	Net assets with donor restrictions			214,062.	28	1//,320
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
<u></u>		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fun-				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	6 112 100	31	7 722 210
ž	32	Total net assets or fund balances			6,443,189.	32	7,233,328
	33	Total liabilities and net assets/fund balances			6,608,640.	33	7,441,575

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,40		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,44		
5	Net unrealized gains (losses) on investments	5		-79	6,7	61.
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		7,23	3,3	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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 on Schedule	e 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	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	Х	
	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	e audit	t,			
	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 Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	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	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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** 

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4,284,059.	3,880,210.	5,921,949.	8,403,716.	8,011,394.	30,501,328.	
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	201,888.	250,964.	258,493.	266,247.	274,235.	1,251,827.	
4	Total. Add lines 1 through 3	4,485,947.	4,131,174.	6,180,442.	8,669,963.	8,285,629.	31,753,155.	
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)						356,619.	
6	Public support. Subtract line 5 from line 4.						31,396,536.	
	ction B. Total Support						, , , ,	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	4,485,947.	4,131,174.	6,180,442.	8,669,963.	8,285,629.	31,753,155.	
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	24,363.	38,175.	25.227.	144,283.	183,803.	415,851.	
9	Net income from unrelated business		,					
·	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)			29.			29.	
11							32,169,035.	
12	Gross receipts from related activities,	etc (see instruction	one)			12	02,200,000.	
13	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section F			
.0	organization, check this box and <b>stor</b>	. la aua						
Sec	ction C. Computation of Publ							
	Public support percentage for 2021 (I			column (f))		14	97.60 %	
15	Public support percentage from 2020					15	99.12 %	
16a						I	x and	
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. 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							
17a	and stop here. The organization qualifies as a publicly supported organization							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances to		*	-				
h	10% -facts-and-circumstances tes	-		*	-			
	more, and if the organization meets the	•				,	/	
	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) 2021

#### 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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
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						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	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.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	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> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

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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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
	Ja		
	3b		
	3c		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	9b		
	0-		
	9c		
	10a		
lo	10b	n 000	2021

Schedule A (Form 990

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
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>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 <b>Part VI</b> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 FOOD FOR OTHERS, INC.			54-1777157 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	Ţ.
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E	<u>.                                    </u>
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	cion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		•	•	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	ne organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2021	าร	Distributable Amount for 2021			
_1_	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
	From 2016							
b	From 2017							
с	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
_	Excess from 2021							

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

132028 01-04-22

## Schedule B (Form 990)

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

FOOD	FOR OTHERS, INC.	54-1777157				
ganization type (check one):						
Filers of: Sec	etion:					
Form 990 or 990-EZ	501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
, 0	ered by the <b>General Rule</b> or a <b>Special Rule.</b> ), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. 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						
sections 509(a)(1) and 1 contributor, during the y	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an rear, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F1. Complete Parts I and II.	nd that received from any one				
contributor, during the y literary, or educational p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions excluis checked, enter here the purpose. Don't complete	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must iswer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,387,187</u> .	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		\$ 275,695.	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		\$192,916.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
5		\$ <u>182,488.</u>	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
6		\$ <u>118,191.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

FO58\_\_\_2

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 231,369.	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
8		\$124,505.	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
9		\$ 266,418.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,000,000.	Person X 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.)

FO58\_\_\_2

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
	DONATED FOOD		
1			
		\$1,387,187.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
2			
		\$ 275,695.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
3			
		\$	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
$-\frac{4}{}$			
		\$117,401.	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD		
5	-		
		\$ 182,488.	06/30/22
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
_	DONATED FOOD		
6			
100450 11 1		\$ <u>118,191.</u>	06/30/22

123453 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DONATED FOOD		
		_	
		<u>\$ 231,369.</u>	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD	_	
8			06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	DONATED FOOD	_	
		 	06/30/22
(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
123453 11-1		 	Schadula R (Form 990) (2021)

Name of organization Employer identification number 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 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

#### **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

Inspection

Name of the organization

FOOD FOR OTHERS, INC.

**Employer identification number** 54-1777157

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or A	ccounts.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	d in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b	•			2b
С.	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	rminated by the organ	lization during the tax
4	year ▶ Number of states where property subject to conservation ea:	noment is leasted		
4 5	Does the organization have a written policy regarding the per		n handling of	
3	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		Lenforcing conservati	
Ŭ		Than alling of violations, and	controlling contact value	on easements daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation ea	sements during the year
	<b>▶</b> \$		9	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
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 f	inancial statements th	nat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, 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 rever	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, o	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtheranc	e 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-		- ·	provide
	the following amounts required to be reported under FASB A			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

381,551

159,959.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

568,961.

282,313.

52,229. 187,410.

122,354.

361,993.

Schedule D (Form 990) 2021 FOOD FOR OT	HERS, INC.	54	-1777157 <sub>Page</sub>
Part VII Investments - Other Securities.	•		J
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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (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	I-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"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.	5 000 D 1 11 / 11		
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) REFUNDABLE ADVANCE			41,307
			41,307
(3)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE	41,307.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,307.

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

Schedule D (Form 990) 2021

Pai		Reconciliation of	-					nts With	Revenue per F	Return	l <b>.</b>
		Complete if the organiz									0 450 640
1		enue, gains, and othe								1	8,470,643
2		s included on line 1 bu							706 761		
а		ealized gains (losses) o							-796,761.	-	
b		services and use of f							274,235.	-	
C		ies of prior year grants								-	
d		escribe in Part XIII.)									E22 E26
e										2e	-522,526 8,993,169
3		t line <b>2e</b> from line <b>1</b>								3	0,993,109
4		s included on Form 99						1 4- 1			
a		ent expenses not inclu								-	
b		escribe in Part XIII.) s <b>4a</b> and <b>4b</b>								1	0
_ C		enue. Add lines <b>3</b> and								4c	8,993,169
5 Pai		Reconciliation of								_	
		Complete if the organiz	-	-				J.110 1110	Expended per	11010	••••
1		penses and losses pe								1	7,680,504
2		s included on line 1 bu									.,,
a		services and use of f						2a	274,235.		
b		ar adjustments							,	1	
С		sses						<b>—</b>		-	
d		escribe in Part XIII.)									
е										2e	274,235
3	Subtract	t line <b>2e</b> from line <b>1</b>								3	7,406,269
4		s included on Form 99									
а	Investm	ent expenses not inclu	uded on Form	990, Part V	/III, line 7b			4a			
b	Other (D	escribe in Part XIII.)						4b			
С	Add line	s <b>4a</b> and <b>4b</b>								4c	0
5		penses. Add lines <b>3</b> ar		ust equal F	orm 990, I	Part I, line	e 18.)			5	7,406,269
Pa	rt XIII S	Supplemental Inf	ormation.								
		escriptions required fo								4; Part	X, line 2; Part XI,
lines	2d and 4	b; and Part XII, lines 2	d and 4b. Als	o complete	this part t	to provide	any addi	tional infor	mation.		

Schedule D (Form 990) 2021

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

FOOD FO	R OTHERS, INC.				54-1777	157		
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.								
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments.</li> </ul>	sed funds through any of the following solicitates of Solicitates of Solicitates of Special solicitates or oral agreement with any individual part VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes			
or patitiv (fundacion) (ii) Activity have custody from patitiv (fundacion) to (or reta						(vi) Amount paid to (or retained by) organization		
		Yes	No					
- Fotal			<b>•</b>					
3 List all states in which the organization or licensing.					d it is exempt from re	egistration		

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b. List	<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF	NONE	` '
			FFO 5K	TOURNAMENT		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(GVGHL LYPO)	(overtitype)	(total Hamber)	
Revenue			62 644	111 020		174 474
Вè	1	Gross receipts	62,644.	111,830.		174,474.
			40 501	05 200		124 011
	2	Less: Contributions	49,531.	85,380.		134,911.
			10.440	06.450		20 560
	3	Gross income (line 1 minus line 2)	13,113.	26,450.		39,563.
	4 Cash prizes					
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ct	7	Food and beverages				
<u>jr</u> e	•					
	8	Entertainment				
	9	Other direct expenses	40 440	26,450.		39,563.
	10					39,563.
		Net income summary. Subtract line 10 from I				0.
Pa						0.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	11990, Part IV, line 19, 01	reported more than	
		\$15,000 OH FORM 990-EZ, line 6a.	1	(I-) Dull tobe/instant		(a) Takal manakan (antal
ne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) trirough coi. (c)
Re						
	1	Gross revenue				
es	2	Cash prizes				
ŠUŠ						
Direct Expenses	3	Noncash prizes				
H H						
<u>ie</u>	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No —	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
		•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<del>,</del>	, , , , , , , , , , , , , , , , , , , ,		,	•
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
		, <i>э</i> лрин				
102	Mc	ere any of the organization's gaming licenses re	evoked suspended ort	erminated during the tax	vear?	Yes No
				-	•	1031110
	.,	Yes," explain:				

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	FOOD	FOR	OTHERS,	INC.		54-1	7771	57 Page 3
11	Does the organization conduct g	aming activit	ies with	n nonmembers?				Ye	es No
	Is the organization a grantor, ber	neficiary or tru	ustee o	of a trust, or a me	ember of a	a partnership or other entity for	med		
40	to administer charitable gaming?							Y6	es L No
	Indicate the percentage of gamir							ا ءمد ا	0.4
	The organization's facility								<u>%</u>
	An outside facility							13b	<u>%</u>
14	Enter the name and address of t	•		-			a records:		
	Does the organization have a co								es L No
k	If "Yes," enter the amount of gar					\$ and th	ne amount		
	of gaming revenue retained by the	ne third party	▶\$_						
c	If "Yes," enter name and address	s of the third	party:						
	Name								
	Address ►								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	<b>&gt;</b> \$							
	Description of services provided	<b>&gt;</b>							
	Director/officer	Emplo	yee		ndepende	ent contractor			
17	Mandatory distributions:								
a	Is the organization required unde	er state law to	o make	charitable distri	butions fr	om the gaming proceeds to			
	retain the state gaming license?							Y6	es No
k	Enter the amount of distributions organization's own exempt activities	required und	der sta	te law to be dist					
Pa					required	by Part I, line 2b, columns (iii)	and (v): and Pa	t III line	s 9 9h 10h
	• •			•	•	mation. See instructions.	and (v), and Fai	t III, III IE	5 9, 90, 100,

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Schedule G (Form 990) 2021

Schedule G	Form 990) FOO	D FOR OTHERS,	INC.	54-1777157 Page 4
Part IV	Form 990) FOO Supplemental Informatio	<b>n</b> (continued)		<u> </u>
	-			

#### 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

Name of the organization FOOD FOR	OTHERS.	INC.					Employer identification number 54-1777157
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	istance? ocedures for mon	itoring the use of gran	t funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAIRFAX DIAPERS 1731 KILLARNEY CT							TO HELP FAIRFAX DIAPERS SUPPLY DIAPERS FOR THE CLIENTS SERVED BY FOOD
VIENNA, VA 22182	83-4337298	501(C)(3)	25,000.	0.	FMV		FOR OTHERS
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-	1 table	he line 1 table				1.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the informa	ation required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
RT I, LINE 2:					
OD FOR OTHERS RECEIVED A REP		ODCANTGAG			
	OKI FROM THE	ORGANIZA	IION IHAI D	EIAILED IRE	
E 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) 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	•	ıts		
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	2	31,013.	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								
19	Food inventory	X	2,522,463	4,515,209.	AVG WHOLESA	LE COS	ST		
20	Drugs and medical supplies			, ,					
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( )								
26	Other ( )								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for c	contributions					
	for which the organization completed Form 828	33, Part V, [	Donee Acknowledg	jement 29					
						Yes	No		
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it				
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for				
	exempt purposes for the entire holding period?					30a	X		
b	If "Yes," describe the arrangement in Part II.								
31									
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?		-			32a	Х		
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public 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 1A:

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) 2021

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Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** FOOD FOR OTHERS, INC. 54-1777157 NATURE OF THE DISCUSSIONS, AND THE VOTE CONCERNING WHETHER THE CONFLICT EXISTED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS INITIATES A REVIEW OF THE EXECUTIVE DIRECTOR. THE REVIEW INVOLVES GATHERING INPUT FROM ALL MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE THEN TAKES THE REVIEW INTO CONSIDERATION AS WELL AS A LISTING OF COMPARABLE PAY IN LOCAL NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE THE PAY FOR THE EXECUTIVE DIRECTOR. FOR KEY EMPLOYEES, THE DATA IS COMPARED TO FAIRFAX COUNTY'S PAY SCALE. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ANOTHER ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION. HOWEVER, THE 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 BOARD OF DIRECTORS.

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