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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

The return to satisfy state reporting requirements.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

Α	For t	he 200	06 calendar year, or tax year beginning JUL 1, 2006 and en	ding JUN 30	<u>, 2007 </u>	
ų d Β	Check	C If	Please C Name of organization		D Employer ide	ntification number
್ಲ			use IRS label or	ļ		
<u>හි</u> [cha	dress ange	print or FOOD FOR OTHERS, INC.		<u>54-17'</u>	77157
- 1	cha	me ange	type See Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber
֓֞֞֜֞֜֞֜֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֝֓֓֓֡֝֝	lnıt	urn	Specific 2938 PROSPERITY AVENUE		703-20	07-9173
5	Fin reti	urn	tions City or town, state or country, and ZIP + 4		F Accounting method	Cash X Accrual
5	Æ Jreti		FAIRFAX, VA 22031-2209		Other (specify)	
Şį	Ap	plication	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	H and I are not appl	icable to section	on 527 organizations
W				H(a) is this a group re		
O _E			▶WWW.FOODFOROTHERS.ORG	H(b) If "Yes," enter nu		
2			ion type (check only one) ► X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527	H(c) Are all affiliates i		/A Yes No
K			e Lifthe organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach a H(d) Is this a separati	e return filed by a	an or-
			e normally not more than \$25,000. A return is not required, but if the organization	ganization cover		
_	choo	ses to	o file a return, be sure to file a complete return.	I Group Exemptio		N/A
						n is not required to attach
Ļ			eipts: Add lines 6b, 8b, 9b, and 10b to line 12 4, 043, 128.	Sch. B (Form 99	0, 990-EZ, or 99	0-PF).
L	Part		Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces		
			Contributions, gifts, grants, and similar amounts received:	I		
	1		Contributions to donor advised funds 1a	2 722 2		
	1		Direct public support (not included on line 1a)	3,733,0		
			Indirect public support (not included on line 1a)	94,8		
			Government contributions (grants) (not included on line 1a)	149,9		2 077 000
	1.		Total (add lines 1a through 1d) (cash \$ 504,060. noncash \$	3,4/3,/60.		3,977,820.
			Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	- 1		Membership dues and assessments STAT	UTE UNIT	3	15 120
	- 1		Interest on savings and temporary cash investments Dividends and interest from securities	4	15,130.	
		_	Gross rents		5	
2	'		· NHV	1 5 2010		
			Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a	. 2 2010	6c	
	<u>.</u> <u>⊆</u>		Other reventment recome (describe	KANCH) 7	· · · · · · · · · · · · · · · · · · ·
	面丨		Gross amount from sales of assets other (A) Securities	DEN (B) Other	' ' 	
\	울 '		than inventory 8a	(B) Other		
			Less; cost or other basis and sales expenses 8b			
2			Gain or (loss) (attach schedule)			
_			Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	
	- .		Special events and activities (attach schedule). If any amount is from gaming, check here		00	
			Gross revenue (not including \$ O _ of contributions reported on line 1b) 9a	46,8	90.	
			Less: direct expenses other than fundraising expenses 9b	11,5		
					2 9c	35,298.
	1		Gross sales of inventory, less returns and allowances]		
			Less; cost of goods sold			
			Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line	10a	10c	
	1		Other revenue (from Part VII, line 103)	ED	11	3,288.
9	1		Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	~ 181	12	4,031,536.
2010	1		Program corrupce (from Inc. 44, column (P.))	0010 101	13	3,784,249.
~	Ses 1		Management and general (from line 44, column (C)) NUV 0 9	2010	14	74,899.
2	≘		Fundraising (from line 44, column (D))	jāl	15	8,207.
≥ 1	<u> 1</u>		Payments to affiliates (attach schedule) OGDEN	i UT	16	
Š.	_		Total expenses. Add lines 16 and 44, column (A)		17	3,867,355.
	1		Excess or (deficit) for the year. Subtract line 17 from line 12		18	164,181.
Щ	1 65	9	Net assets or fund balances at beginning of year (from line 73, column (A))		19	528,721.
ZŽ	SS 2	0	Other changes in net assets or fund balances (attach explanation)		20	0.
ANNED	2	1	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	692,902.
<u>رق</u>	3001		HA For Privacy Act and Panerwork Reduction Act Notice see the separate instruction	19		Form 990 (2006)

FOOD FOR OTHERS, INC.

54-1777157 Page 2 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part | Statement of Functional Expenses and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (B) Program (C) Management Do not include amounts reported on line (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22a Grants paid from donor advised funds (attach schedule) 0 • noncash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4 67,153. 55,738. 10,072. 1,343. 25a b Compensation of former officers, directors, key 0 0 0. 25Ь employees, etc. listed in Part V-B c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 183,028. 151,913. 27,454. 3,661. included on lines 25a, b, and c 26 27 Pension plan contributions not included on 5,715. 1,033. 6,886. 138. 27 lines 25a, b, and c 28 Employee benefits not included on lines 33,651. 27,930. 5,048. 673. 28 25a - 27 19,428. 3.511. 23,407. 468. Payroll taxes 29 29 30 Professional fundraising fees 31 Accounting fees 31 32 Legal fees 32 Supplies 33 187 1,871 842. 842. 34 Telephone 1,695 ,525. 170. 35 35 Postage and shipping 36 Occupancy 36 632 632 37 37 Equipment rental and maintenance 2,187. 219. 38 968. Printing and publications 38 39 39 40 40 Conferences, conventions, and meetings 42 9,380. 8,442. 938. Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize). 43a 43b 43c 43d 43e 43f SEE STATEMENT 3 43g 3,537,465. 3,510,116. 26,001. 1,348. 44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), 74,899. carry these totals to lines 13-15) 3,867,355. 3,784,249. 8,207. Joint Costs. Check if you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A ; (ii) the amount allocated to Program services \$______ N/A_____; If "Yes," enter (i) the aggregate amount of these joint costs \$ (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$

return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Total of Program Service Expenses (should equal line 44, column (B), Program services)

54-1777157 Page 3

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orm 990 i	s available for p	ublic inspection ar	id, for some people, :	serves as the prima	ry or sole source of info	ormation about a partic	cular organization
low the n	ublic perceives	an organization in s	such cases may be d	etermined by the in	formation presented or	its return. Therefore.	please make sure the

What is the organization's primary exempt purpose? **Program Service** TO PROVIDE ASSISTANCE TO NEEDY PERSONS IN NORTHERN VIRGINIA. Expenses (Required for 501(c)(3) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of and (4) orgs., and 4947(a)(1) trusts; but clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) optional for others.) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) a DISTRIBUTED 2,032,615 POUNDS OF FOOD AND FOOD PRODUCTS TO NEEDY PERSONS IN THE COUNTIES OF FAIRFAX AND ARLINGTON, VIRGINIA AND THE OTHER COMMUNITIES OF NORTHERN VIRGINIA ALONG WITH THE DISTRICT OF COLUMBIA. 3,784,249.) If this amount includes foreign grants, check here (Grants and allocations b (Grants and allocations) If this amount includes foreign grants, check here) If this amount includes foreign grants, check here (Grants and allocations d) If this amount includes foreign grants, check here (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

> 3,784,249. Form **990** (2006)

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year should be for end-of-year amounts only End of year Cash - non-interest-bearing .. . 45 <u>190,868</u>. 45 149,419 487,571. 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a Less. allowance for doubtful accounts 47b 47c 48 a Pledges receivable 80,826. 48a 96,423. Less, allowance for doubtful accounts 80,826. 48b 48c 49 Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees 50a b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less; allowance for doubtful accounts 51b 51c 68,205. 106,299. Inventories for sale or use 52 52 53 Prepaid expenses and deferred charges 7,682. 53 8.849 l FMV 54 a Investments - publicly-traded securities 54a FMV b Investments - other securities 54b 55 a Investments - land, buildings, and 55a equipment. basis b Less accumulated depreciation 55b 55c 56 Investments - other <u>106,533</u> 57 a Land, buildings, and equipment basis 57a b Less. accumulated depreciation STMT 5 78,931 57b 35,782. 57c 27,602. Other assets, including program-related investments 58 (describe > 548,379 Total assets (must equal line 74) Add lines 45 through 58 <u>59</u> 59 60 Accounts payable and accrued expenses 19,658. 18,245. 60 61 Grants payable 61 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable 64b Other liabilities (describe 65 19,658 18,245. Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74 Net Assets or Fund Balances 423,310. <u>599,912.</u> 67 Unrestricted 105,411. 92,990. 68 Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here
and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. 73 (Column (A) must equal line 19 and column (B) must equal line 21) 528,721 692,902. Total liabilities and net assets/fund balances. Add lines 66 and 73 548,379 711,147.

_	rr 990 (2006) FOOD FOR OTHERS, INC. art IV-A Reconciliation of Revenue per Audited Finan instructions)	cial Statements Wi		54-17771 er Return (Se	
	Tatal average pains and other support per sudited financial statemen	to.		a 4.	195,428.
d L	Total revenue, gains, and other support per audited financial statemen Amounts included on line a but not on Part I, line 12:				173,420.
D _		1.	4		
_	Net unrealized gains on investments		4 = 0	00	
2	Donated services and use of facilities			00. 	
	Recovenes of prior year grants	· · · · · · <u> </u>			
4	Other (specify).		4		150 200
	Add lines b1 through b4				152,300.
С	Subtract line b from line a	4		c 4,	043,128.
đ	Amounts included on Part I, line 12, but not on line a:	1	4		
	,	<u> </u>	11		
2	Other (specify): SPECIAL EVENT EXPENSE	<u>[</u>	2 -11,5		
	Add lines d1 and d2				<u>-11,592.</u>
e	Total revenue (Part I, line 12) Add lines c and d				<u>031,536.</u>
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements W	ith Expenses		
a	Total expenses and losses per audited financial statements			a 4,	031,247.
b	Amounts included on line a but not on Part I, line 17.	,		1 1	
1	Donated services and use of facilities	<u>t</u>	152,3	00.	
2	Prior year adjustments reported on Part I, line 20	L	2		
3	Losses reported on Part I, line 20	t	3		
	Other (specify) SEE STATEMENT 6	[8	11,5	92.	
	Add lines b1 through b4	<u> </u>			163,892.
С	Subtract line b from line a	·			867,355.
d	Amounts included on Part I, line 17, but not on line a:	••••			
1		1,	11		
	Other (specify)	· ·	12		
_		L		d	0.
	ACCUROPS OF SHEET				
۵	Add lines d1 and d2 Total expenses (Part Lline 17) Add lines c and d				
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke			▶ e 3,	867,355.
	Total expenses (Part I, line 17) Add lines c and d	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	e 3, s an officer, directions to employee benefit plans & deferred	867,355. ctor, trustee,
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated) (Se	e the instructions) (C) Compensation	e 3, s an officer, direction of the distributions to employee benefit	867,355. ctor, trustee,
	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	e 3, s an officer, directions to employee benefit plans & deferred	867,355. ctor, trustee,
P:	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	re not compensated) (Se (B) Title and average hours per week devoted to	e the instructions) (C) Compensation (If not paid, enter	e 3, s an officer, direct (D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
P:	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	re not compensated) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	e 3, s an officer, directions to employee benefit plans & deferred	867,355. ctor, trustee,
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Form **990** (2006)

Form 990 (2006) FOOD FOR OTHERS, INC.	·		<u>54-1777</u>			age 6
Part'V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ed)			Yes	No
75 a Enter the total number of officers, directors, and trustees permitted	to vote on organization bus	siness at board				
meetings		▶	10			
b Are any officers, directors, trustees, or key employees listed in Form	n 990, Part V-A, or highest o	ompensated empl	loyees			
listed in Schedule A, Part I, or highest compensated professional ar	nd other independent contra	actors listed in Scl	nedule A,			
Part II-A or II-B, related to each other through family or business rela	ationships? If "Yes," attach	a statement that H	dentifies			
the individuals and explains the relationship(s)	•			75b		<u>X</u>
c Do any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest co	ompensated empl	oyees		1 1	
listed in Schedule A, Part I, or highest compensated professional ar	nd other independent contr	actors listed in Scl	nedule A,			
Part II-A or II-B, receive compensation from any other organizations		able, that are relat	ed to the			
organization? See the instructions for the definition of "related orga	••			75c		<u>X</u>
If "Yes," attach a statement that includes the information described	I in the instructions					
d Does the organization have a written conflict of interest policy?				75d	X	
Part V-B Former Officers, Directors, Trustees, and Ke						200
Benefits (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co						
the year, list that person below and criter the amount of or	The result of other benefit	(C) Compensation	·		E) Expe	
(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefi plans & deferred	¦ à	ccount	and
NONE		enter -0-)	compensation pla	ns othe	er allow	ances
				$+\!\!-$		
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Part VI Other Information (See the Instructions.)	_1	<u> </u>	1		Yes	No
		o flattaab – dated		Г	1.63	110
76 Did the organization make a change in its activities or methods of o	conducting activities? If "Ye	s, anach a detaile	su	70		_ v
statement of each change		20		76	+	X
Were any changes made in the organizing or governing documents	s out not reported to the IR	o'	•	77	 	
If "Yes," attach a conformed copy of the changes	100 on more division di	- علايا الموسودية	turn?	70-	v	
78 a Did the organization have unrelated business gross income of \$1,0	100 or more during the year	covered by this re	turn /	782		 -
b If "Yes," has it filed a tax return on Form 990-T for this year?	AA d 0 2 %	11.7-a 1 au 1		78b	X	
79 Was there a liquidation, dissolution, termination, or substantial con				79	+	<u>X</u>
80 a Is the organization related (other than by association with a statew			non			
membership, governing bodies, trustees, officers, etc., to any othe	r exempt or nonexempt org	anization?		80a	+-	<u>X</u> _
b If "Yes," enter the name of the organization ► N/A			1		1	
	and check whether it is	1 1	i nonexempt			
81 a Enter direct or indirect political expenditures (See line 81 instruction	ons).	81a	0.	T	1	.
b Did the organization file Form 1120-POL for this year?	·			81b	n 990	(2006)
				1 011	., 550	(2000)

Form		<u>54-1///</u>			age /
Pa	T VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at su	ubstantially		'	
	less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II				
	(See instructions in Part III.)	52,300.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	_X	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b_	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	were not			
	tax deductible?	N/A	84b		
85	• • • • • • • • • • • • • • • • • • • •	N/A	85a		
b		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rece	•			
	waiver for proxy tax owed for the prior year				
c		N/A			
d		N/A			İ
е	, , , , , , , , , , , , , , , , , , ,	N/A			
f	1,,,,,	N/A			
g		N/A	85g		
h		•			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
		N/A	85h	ł	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on	•			
		N/A			
b	,	N/A			
87	· · · · · · · · · · · · · · · · · · ·	N/A	1		
b			1		
	· · · · · · · · · · · · · · · · · · ·	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partne	rship,	Ì		
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701	-3?			
	If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	j of			
	section 512(b)(13)? If "Yes," complete Part XI	>	88b		X
89 a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under				
	section 4911▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			•	
	If "Yes," attach a statement explaining each transaction	•	89ь	<u> </u>	<u> </u>
C	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transact	tion?	89e	<u> </u>	X
f	5 , , , , , , , , , , , , , , , , , , ,		89f	<u> </u>	X
ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting of	organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	<u></u>	<u>X</u>
90 a	List the states with which a copy of this return is filed ►VA				
t					9
91 a	The books are in care of ► ROXANNE RICE Telephone no. ►				
	Located at ► 2938 PROSPERITY AVENUE, FAIRFAX, VA	ZIP + 4 ▶ <u>2</u>	203		
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		91b		X
	If "Yes," enter the name of the foreign country N/A				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1	
	and Financial Accounts			1	
			Forn	n 990	(2006)

FOOD FOR OTH	IERS, I	NC.		54-1	L///15/ Page 6
Part'VI Other Information (continued)					Yes No
c At any time during the calendar year, did the orga		tain an office outside of	the Unite	ed States?	91c X
If "Yes," enter the name of the foreign country		N/A		-	
92 Section 4947(a)(1) nonexempt charitable trusts fili	_		eck here	1 1	▶ ᠘
and enter the amount of tax-exempt interest recei				▶ 92	<u>N/A</u>
Part VII Analysis of Income-Producing					
Note: Enter gross amounts unless otherwise	(A)	ed business income	(C)	by section 512, 513, or 514	(E)
indicated	Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
93 Program service revenue:	code	7 11100111	code	Tunount	function income
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,130.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property .					
b not debt-financed property .					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events	541800	4,600.	01	30,698.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.					
a MIMSCELLANEOUS REVENUE			01	3,288.	
b			ļi		
c			ļ		
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,600.		49,116.	0.
105 Total (add line 104, columns (B), (D), and (E))				▶.	53,716.
Note: Line 105 plus line 1e, Part I, should equal the ame					
Part VIII Relationship of Activities to the	<u>-</u>	<u>.</u>	<u>-</u>	`	
Line No. Explain how each activity for which income is rep		• •	importar	ntly to the accomplishment o	if the organization's
exempt purposes (other than by providing funds	for such purpo	oses).			
		· · · · · · · · · · · · · · · · · · ·			
	 				
Part IX Information Regarding Taxable	Subsidia	ripe and Distanced	od Ent	ities (See the material	
Part IX Information Regarding Taxable (A) (B)	Juporuidi	(C)	eu Ent	(D)	ns) (E)
Name, address, and EIN of corporation, Percentage o	f	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership inter					assets
NT / 2	%				
N/A	%	,,			
	%				
Part Y Information Pagarding Transfe	% rs Associa	ted with Personal	Renof	it Contracts (Cos 45)	vianta introde 1
Part X Information Regarding Transfe					
(a) Did the organization, during the year, receive any funds			•	ai benefit contract?	Yes X No
(b) Did the organization, during the year, pay premiums, di	-		ontract		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (s	see instructioi	is)			r 000 (0000)
					Form 990 (2006)

Part X		ontrolled Entiti	es. Complete only if the organi			age 3
	d the reporting organization make any transfers to a controlled entity a mplete the schedule below for each controlled entity.	s defined in section	512(b)(13) of the Code? If "Yes		Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amo	(D) ount c nsfer	of
a						
b						
c		الموسوس بر				
	Totals d the reporting organization receive any transfers from a controlled en	tity as defined in sec	ction 512(b)(13) of the Code? If	h	Yes	
co	omplete the schedule below for each controlled entity. (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Ame	(D) ount o	
a					·	
b						
c						
	Totals				Yes	N
	nd the organization have a binding written contract in effect on August innuities described in question 107 above?		·			Х
Please Sign Here	Under penalties of perury, I declare that I have examined this return, including accompany and complete declaration of prepare (other than officer) is based on all information of white Signature of officer Noxane Rice Execut Type or print name and title	ch preparer has any knowle	10/26/2 Date		rue, con	ect,
Paid Preparer Use Only	Preparer's signature the fill of the preparer's Preparer's Signature that the fill of the preparer is signature.	Date 13(15/13 ITE 150	Check if self-employed ► Preparer's SS		510	0

623164/01-26-07

SCHEDULE'A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization	Employer identification number			
FOOD FOR OTHERS, INC.			54 17771	
Part I Compensation of the Five Highest Paid Emp (See page 2 of the instructions. List each one. If there are none, et		Officers, Dire	ctors, and I	rustees
(a) Name and address of each employee paid	(b) Title and average hours per week devoted to	(c) Compensation	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other
more than \$50,000	position	(o) component	compensation	allowances
NONE			<u> </u>	
				-
	_			
			<u> </u>	
	-			
Total number of other employees paid				
over \$50,000	0			
Part II-A Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals	•		ional Service	es
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
NONE			-	
		<u> </u>		·
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde			ervices	
(List each contractor who performed services other than professi firms. If there are none, enter "None." See page 2 of the instruction		uals or		
		(1) T		(-) Co
(a) Name and address of each independent contractor paid more the	1an \$50,000	(b) Type of	service	(c) Compensation
NONE				
Total number of other contractors receiving over				
\$50,000 for other services	0			

Sc	hedule A (Form 990 or 990-EZ) 2006 FOOD FOR OTHERS, INC.	<u>54-17771</u>	<u>57 </u>	Page 2
P	Part III Statements About Activities (See page 2 of the instructions.)		Ye	s No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Filme i of Part VI-B.)	Part VI-A, or		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contribute trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any s person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes, attach a detailed statement explaining the transactions.)	uch		
	a Sale, exchange, or leasing of property?	2a		_ X
	b Lending of money or other extension of credit?	21		X
,	c Furnishing of goods, services, or facilities?	20	:	X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	ı X	
	e Transfer of any part of its income or assets?	26	:	Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
•	the organization determines that recipients qualify to receive payments.)	3a	.	X
	b Dd the organization have a section 403(b) annuity plan for its employees?	31		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	30	;	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. 30	1	Х
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
•	and 4g	48	ı	X
	· · · · · · · · · · · · · · · · · · ·	N/A 4t	,	
	•	N/A 40	;	
	d Enter the total number of donor advised funds owned at the end of the tax year	•		[/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<u> </u>		/A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on	• •		

line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

 ${f g}$ Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Total

N/A 27c Add. Line 27a total and line 27h total 27d N/A e Public support (line 27c total minus line 27d total) 27e N/A Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **▶** 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 a Students' rights or privileges? 33a 33b b Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Schedule A (Form 990 or 990-EZ) 2006

34a

34b

	A (Form 990 or 990-EZ) 2006	FOOD FOR OTHERS	, INC.		77157	Page 7
Part \				Relationships With Noncharit	able	
		zations (See page 13 of the instru				
		irectly or indirectly engage in any of t				
	• • •	section 501(c)(3) organizations) or in		itical organizations?	<u> </u>	
	· · ·	ganization to a noncharitable exempt	organization of:		Ye	
-	i) Cash				51a(ı)	<u> </u>
-) Other assets	•			a(ii)	<u> </u>
	her transactions:				1	
	•	ts with a noncharitable exempt organ	nization .		b(i)	<u> </u>
	•	noncharitable exempt organization			b(ii)	<u> </u>
•	i) Rental of facilities, equipme				b(iii)	<u> </u>
•	Reimbursement arrangeme	ents .		•	b(iv)	X X
•	/) Loans or loan guarantees				b(v)	<u> X</u>
	•	membership or fundraising solicitati	•		b(vi)	X
	_	mailing lists, other assets, or paid en		the state of the state	С	X
				lways show the fair market value of the		
_	· ·	given by the reporting organization.			37 /	3
	·	nent, show in column (d) the value of	the goods, other assets, or		N/	<u>A</u>
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe	empt organization	(d) Description of transfers, transactions, and s	sharing arrang	ements
			·			
- Io	the erganization directly or in	udiractly affiliated with ar related to a	and or more tay exempt org	approximate decombed in contrary E01(a) of the		
	ode (other than section 501(c		one or more tax-exempt org	anizations described in section 501(c) of the	☐ Yes [X No
	"Yes," complete the following				1es _	טאו נגב
<u> </u>	(a		(b)	(c)		
	Name of or	ganization	Type of organization	Description of relations	hip	
						_

2006 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

990

Current Year Deduction	0	0	0.	0.	0.	0	
Current Sec 179		·				0	
Accumulated Depreciation	44,210.	3,540.	27,824.	1,391.	1,966.	78,931.	
Basis For Depreciation	.898.	3,865.	37,920.	1,620.	2,230.	106,533.	
Reduction In Basis						0	
Bus % Excl		-					
Unadjusted Cost Or Basis	.868,09	3,865.	37,920.	1,620.	2,230.	106,533.	
S O O	16	16	16	16	16		
Life	000.	000.	000.	000.	000.		
Method							
Date Acquired							
Description	AUTOMOBILES/TRANSPORTA 1TION	2FUNITURE & FIXTURES	3MACHINERY & EQUIPMENT	4IMPROVEMENTS		* TOTAL 990 PAGE 2 DEPR	
Asset	ਜ	-27	<u>R</u>	4	Ŋ		
L	<u>.</u>						

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

1

FOOTNOTES

STATEMENT

THE RETURN IS BEING AMENDED TO SHOW THE ADVERTISING INCOME WHICH WAS NOT REFLECTED IN THE ORIGINAL RETURN.

FORM 990	SPECIAL EVE	NTS AND ACTIV	VITIES	STA	ATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	ı ,
GOLF EVENT GOLF EVENT	4,600. 42,290.	-	4,600. 42,290.	11,592.	4,60 30,69	
TO FM 990, PART I, LINE 9	46,890.	-	46,890.	11,592.	35,29	8.
FORM 990	ОТН	ER EXPENSES		STA	ATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGE AND GE		(D) UNDRAISIN	IG
DONATED FOOD FUNDRAISING INSURANCE	3,435,120. 1,348. 15,402.				1,34	8.
ADMINISTRATIVE EXPENSE OFFICE EXPENSE PROFESSIONAL FEES PURCHASED FOOD	2,784. 5,893. 18,659. 33,197.	2,23 2,65	2. 6. 1	708. 3,661. 6,003.		
VEHICLE EXPENSE TECHONOLOGY EXPENSE	17,052. 8,010.	16,79	0.	262. 5,367.		
TOTAL TO FM 990, LN 43	3,537,465.	3,510,11	6. 2	6,001.	1,34	18.

FORM 990 OFFICER COMPENSATION ALLOCATION STAT								
NAME OF OFFICER, ETC. CO	MPENSATION	EMPLOY BEN. PL		TOTALS				
ROXANNE RICE	62,788.	4,365.		67,153.				
A. PROGRAM SERVICES	52,114.	3,6	23.	55,737.				
B. MANAGEMENT AND GENERAL	9,418.	6	55.	10,073.				
C. FUNDRAISING	1,256.	87.		1,343.				
TOTAL PROGRAM SERVICES				55,737.				
TOTAL MANAGEMENT AND GENERAL	10,073.							
TOTAL FUNDRAISING	1,343.							
TOTAL OFFICER, ETC., COMPENSAT	ION INCLUDE	ED ON PAR	T II, LINE 25A	67,153.				
FORM 990 DEPRECIATION OF	ASSETS NOT	HELD FOR	INVESTMENT	STATEMENT 5				
DESCRIPTION	COST OTHER		ACCUMULATED DEPRECIATION	BOOK VALUE				
AUTOMOBILES/TRANSPORTATION FUNITURE & FIXTURES MACHINERY & EQUIPMENT IMPROVEMENTS MISCELLANEOUS		60,898. 44,210. 3,865. 3,540. 37,920. 27,824. 1,620. 1,391. 2,230. 1,966.		16,688. 325. 10,096. 229. 264.				
TOTAL TO FORM 990, PART IV, LN	T 57 1	106,533.	27,602.					

FORM 990 OTHER EX	PENSES NOT INCLUDED ON	FORM 990	STATI	EMENT	6
DESCRIPTION	Al	AMOUNT			
SPECIAL EVENT EXPENSE ON PA		11,592.			
TOTAL TO FORM 990, PART IV-B				11,592.	
FORM 990 PART V-A - LIS	STAT	STATEMENT 7			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENS	
ANNE SUTER ZIMMER 11152 CONESTOGA CT OAKTON, VA 22124	CHAIR 6.00	0.	0.		0.
DONALD WALLACE 5909 QUINTANNA CT BURKE, VA 22015	VICE CHAIR 2.00	0.	0.		0.
PHILLIS KOHLMANN 1617 FREMONT LANE VIENNA, VA 22182	SECRETARY 2.00	0.	0.		0.
CARMINE CARULLO 3225 GALLOWS RD FAIRFAX, VA 20037	TREASURER 2.00	0.	0.		0.
RICHARD GUADAGNO 3622 TERRACE DR ANNANDALE, VA 22003	DIRECTOR 2.00	0.	0.		0.
MARY BULLOCK 4853 N 30TH ST ARLINGTON, VA 22207	DIRECTOR 2.00	0.	0.		0.
ROXANNE RICE 4223 WILLOW WOODS DR ANNANDALE, VA 22003	EXECUTIVE DIREG	CTOR 62,788.	4,365.		0.
JOHN BALDUS 9508 OLD CREEK DR FAIRFAX, VA 20032	VP OPERATIONS 1.00	0.	0.		0.

FOOD FOR OTHERS, INC.					54-1777157
PAM KOCH 2947 FORT LEE ST HERNDON, VA 20171	PROGRAM I 2.00	DIRECTOR	0.	0	. 0.
TOTALS INCLUDED ON FORM 990, P.	ART V-A		62,788.	4,365	0.
SCHEDULE A	OTHER INC	ОМЕ		STA	TEMENT 8
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	200 AMOU		2002 AMOUNT
EXPENSE REIMBURSMENT	8,703.	C	3	,069.	0.
TOTAL TO SCHEDULE A, LINE 22	8,703.	C	3	,069.	0.