

Form **990**

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)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

- B Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FOOD FOR OTHERS, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2938 PROSPERITY AVENUE

City or town, state or country, and ZIP + 4
FAIRFAX VA 22031-2209

D Employer identification no.
54-1777157

E Telephone number
703-207-9173

F Accounting method: Cash Accrual Other (specify)

G Website: **N/A**

J Organization type (check only one) 501(c) (3) <(insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

- H and I are not applicable to section 527 organizations.
- H(a) Is this a group return for affiliates? Yes No
- H(b) If "Yes," enter number of affiliates **.....**
- H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
- H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,576,441**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	3,413,439	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 390,595 noncash \$ 3,022,844)	1d		3,413,439
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		147,900
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		6,399
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		8,703	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,576,441	
Expenses	13	Program services (from line 44, column (B))	13		3,372,486
	14	Management and general (from line 44, column (C))	14		64,935
	15	Fundraising (from line 44, column (D))	15		18,131
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17		3,455,552
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		120,889
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		407,832
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		528,721

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule) <input type="checkbox"/>	24			
25 Compensation of officers, directors, etc.	25 68,853	57,148	10,328	1,377
26 Other salaries and wages	26 174,456	144,799	26,168	3,489
27 Pension plan contributions	27 9,667	8,024	1,450	193
28 Other employee benefits	28 26,624	22,098	3,994	532
29 Payroll taxes	29 20,697	17,178	3,104	415
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 1,640	738	738	164
35 Postage and shipping	35 1,074	967		107
36 Occupancy	36			
37 Equipment rental and maintenance	37 1,697	475	1,222	
38 Printing and publications	38 3,157	2,841		316
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 11,721	9,729	1,758	234
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 1	43a 3,135,966	3,108,489	16,173	11,304
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 3,455,552	3,372,486	64,935	18,131

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
a DISTRIBUTED 2,035,332 POUNDS OF FOOD AND FOOD PRODUCTS TO NEEDY PERSONS IN COUNTIES OF FAIRFAX AND ARLINGTON, VA AND OTHER COMMUNITIES IN NORTHERN VIRGINIA AND THE DISTRICT OF COLUMBIA (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,372,486
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,372,486

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash-non-interest-bearing	203,483	45	190,868
	46	Savings and temporary cash investments		46	149,419
	47a	Accounts receivable			
		b Less: allowance for doubtful accounts		47c	
	48a	Pledges receivable	96,423		
		b Less: allowance for doubtful accounts		48c	96,423
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	98,378	52	68,205
	53	Prepaid expenses and deferred charges	4,714	53	7,682
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment: basis	105,333		
		b Less: accumulated depreciation (attach schedule) SEE STATEMENT 3	69,551	41,024	55c
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)		57c		
58	Other assets (describe)		58		
59	Total assets (must equal line 74). Add lines 45 through 58.	424,906	59	548,379	
Liabilities	60	Accounts payable and accrued expenses	17,074	60	19,658
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe)		65	
66	Total liabilities. Add lines 60 through 65.	17,074	66	19,658	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	323,738	67	423,310
	68	Temporarily restricted	84,094	68	105,411
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	407,832	73	528,721
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	424,906	74	548,379

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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.) SEE STMT 5 82b 139,745			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	89a 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		
89b	b 501(c)(3) and 501(c)(4) orgs. 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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ 0		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
90a	90a List the states with which a copy of this return is filed ▶ NONE		
90b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	9
91a	91a The books are in care of ▶ ROXANNE RICE 2938 PROSPERITY AVE Located at ▶ FAIRFAX, VA Telephone no. ▶ 703-207-9173 ZIP + 4 ▶ 22031-2209		
91b	b 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)?	91b	X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
91c	c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If "Yes," enter the name of the foreign country ▶			
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					147,900
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	6,399	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER INCOME					8,703
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		6,399	156,603
105 Total (add line 104, columns (B), (D), and (E))					163,002

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93G	CONTRACT FEES FROM COUNTY GOVERNMENTS TO DELIVER FOOD AND
93G	FOOD PRODUCTS TO NEEDY PERSONS IN THE COUNTIES OF FAIRFAX
93G	AND ARLINGTON, VA IN ACCORDANCE WITH THE ORGANIZATION'S
93G	PRIMARY PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ... Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date 11/27/06 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 SCHREINER, LEGGE & COMPANY
2800 EISENHOWER AVE STE 100
ALEXANDRIA, VA 22314

EIN _____ Phone no. 703-329-8000

Preparer's SSN or PTIN (See Gen. Instr. W) _____

Part III Statements About Activities (See page 2 of the instructions.)		Yes	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, Part VI-A, or line i of Part VI-B.) 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.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such 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.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
	SEE STATEMENT 6		
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for Calendar year (or fiscal year beginning in) and rows for various income and support items (15-28). Includes sub-sections for public support calculations (26a-26f) and unusual grants (28).

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
.....				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	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.)				
.....				
.....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
.....				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000	41	
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines through c h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2005

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

Employer identification number

FOOD FOR OTHERS, INC.

54-1777157

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FOOD FOR OTHERS, INC.	Employer identification number 54-1777157
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	UNITED WAY-NATIONAL CAPITAL 95 M STREET WASHINGTON DC 20024	\$ 89,201	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	THE COMMUNITY FOUNDATION OF N.C.R. 1112 16TH ST NW #340 WASHINGTON DC 20036	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	PD. 527(J) (1)	\$ 36,137	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	FANNIE MAE FOUNDATION 4000 WISCONSIN AVE NW WASHINGTON DC 20016-2804	\$ 38,634	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	PHILIP L GRAHAM FUND 1150 FIFTEENTH STREET NW WASHINGTON DC 20071	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	MAY DEPARTMENT STORE CO. FOUNDATION 685 NORTH GLEBE ROAD ARLINGTON VA 22203	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR OTHERS, INC.	Employer identification number 54-1777157
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	WASHINGTON FORREST FOUNDATION 2300 NINTH STREET SOUTH ARLINGTON VA 22204	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	GIANT FOOD 6300 SHERIFF RD LANDOVER MD 20785	\$ <u>154,208</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	CAPITAL AREA FOOD BANK 645 TAYLOR ST, NE WASHINGTON DC 20017	\$ <u>1,059,528</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	TRADER JOES 800 S SHAMROCK AVE MONROVIA CA 91016	\$ <u>39,570</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	WHOLE FOODS 550 BOWIE ST AUSTIN TX 78703	\$ <u>54,147</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	WEGMANS 1500 BROOKS AVE ROCHESTER NY 14603	\$ <u>193,538</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR OTHERS, INC.	Employer identification number 54-1777157
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>	<u>SAFEWAY</u> <u>11950 DUBLIN CANYON RD</u> <u>PLEASANTON CA 94598</u>	\$ <u>122,352</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>14</u>	<u>AMERICA ' CHARITIES</u> <u>14150 NEWBROOM DRIVE SUITE 110</u> <u>CHANTILLY VA 20151</u>	\$ <u>14,746</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>15</u>	<u>EXXON MOBIL FOUNDATION</u> <u>PO BOX 2519</u> <u>HUSTON TX 77252</u>	\$ <u>8,226</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>16</u>	<u>MARBLEX DESIGN INTERNATIONAL, INC</u> <u>FAIRFAX VA</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>17</u>	<u>PAMELA K. JONES</u> <u>4029 AUTOMN CT</u> <u>FAIRFAX VA 22030</u>	\$ <u>5,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FOOD FOR OTHERS, INC.	Employer identification number 54-1777157
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>8</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>154,208</u>	_____
<u>9</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>1,059,528</u>	_____
<u>10</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>39,570</u>	_____
<u>11</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>54,147</u>	_____
<u>12</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>193,538</u>	_____
<u>13</u>	<u>NON-PERISHABLE FOOD STUFFS AND</u> <u>ITEMS, GROCERIES AND PRODUCE</u> _____ _____	\$ <u>122,352</u>	_____

Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CASUAL LABOR	1,000	1,000		
DONATED FOOD DISTRIBUTED	3,052,998	3,052,998		
FUNDRAISING	11,304			11,304
INSURANCE	15,295	15,295		
ADMINISTRATIVE EXPENSE	2,459	788	1,671	
OFFICE EXPENSE	6,547	2,226	4,321	
PROFESSIONAL FEES	5,768	1,846	3,922	
PURCHASED FOOD	21,986	21,986		
VEHICLE EXPENSES	10,030	9,604	426	
ANNIVERSITY DINNER COST	1,799	576	1,223	
TECHNOLOGY EXPENSE	6,780	2,170	4,610	
TOTAL	<u>\$ 3,135,966</u>	<u>\$ 3,108,489</u>	<u>\$ 16,173</u>	<u>\$ 11,304</u>

Federal Statements

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE RELIEF TO POOR AND UNDERPRIVILEGED PERSONS AND
FAMILIES LOCATED PRINCIPALLY IN NORTHERN VIRGINIA

Federal Statements

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
AUTOMOBILES/TRANSPORTATION EQUIP	\$ 60,898	\$ 33,434	\$ 60,898	\$ 39,991
FURNITURE AND FIXTURES	3,865	2,994	3,865	3,267
MACHINERY & EQUIPMENT	30,241	19,355	36,720	23,591
IMPROVEMENTS	1,620	1,067	1,620	1,229
MISCELLANEOUS	2,230	980	2,230	1,473
TOTAL	\$ 98,854	\$ 57,830	\$ 105,333	\$ 69,551

Federal Statements

Statement 4 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	Address		Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title				
N EDWIN DEMONEY	3636 N 38TH ST ARLINGTON VA 22207	VP FUNDRAISI	15	0	0	0
JOHN BALDUS	9508 OLD CREEK DR FAIRFAX VA 20032	VP OPERATION	1	0	0	0
PAM KOCH	2947 FORT LEE ST HERNDON VA 20171	DIR PROGRAMS	2	0	0	0
ANNE SUTER ZIMMER	11152 CONESTOGA CT OAKTON VA 22124	CHAIR & CEO	6	0	0	0
CARMINE C CARULLO	3225 GALLOWES RD FAIRFAX VA 22037	TREASURER	2	0	0	0
ROOSEVELT HARDWICK	5821 OAKVIEW GDN RD FALLS CHURCH VA 22041	DIRECTOR	2	0	0	0
RICHARD GUADAGNO	3622 TERRACE DR ANNANDALE VA 22003	SECRETARY	2	0	0	0
JAMES POTMYER	5540 N 28TH ST ARLINGTON VA 22207	DIRECTOR	2	0	0	0
DONALD E WALLACE	5909 QUINTANA CT BURKE VA 22015	VICE CHAIR	2	0	0	0
ROXANNE RICE	4223 WILLOW WDS DR ANNANDALE VA 22003	EXEC DIR	40	56,270	1,787	0
NANCY MALTHOUSE	5201 GEORGE MCKAY CT FAIRFAX VA 20032	DIRECTOR	2	0	0	0
MARY BULLOCK	4853 N. 30TH ST. ARLINGTON VA 22207	DIRECTOR	2	0	0	0
PHILLIS KOHLMANN	1617 FREMONT LANE VIENNA VA 22182	DIRECTOR	2	0	0	0

Federal Statements

Statement 5 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
WAREHOUSE & OFFICE FACILITY PROVIDED BY FAIRFAX COUNTY	\$ <u>139,745</u>
TOTAL	\$ <u><u>139,745</u></u>

Federal Statements

Statement 6 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp

Description

FORM 990, PART II, LINE 25, 26

Federal Statements

Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
	\$ <u> </u>	\$ <u> 3,069 </u>	\$ <u> </u>	\$ <u> </u>
TOTAL	\$ <u> 0 </u>	\$ <u> 3,069 </u>	\$ <u> 0 </u>	\$ <u> 0 </u>

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
CONTRIBUTIONS FROM SCHEDULE B	\$ 110,651	\$ 1,399,501	\$ 1,510,152
	<u>279,944</u>	<u>1,623,343</u>	<u>1,903,287</u>
TOTAL	\$ <u>390,595</u>	\$ <u>3,022,844</u>	\$ <u>3,413,439</u>

Federal Statements

Schedule A, Part IV-A, Line 26b - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	<u>\$14,203,223</u>	\$ <u> </u>
TOTAL	<u>\$14,203,223</u>	\$ <u> 0</u>