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

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

2018 pen to Public

	artment of the Treas nal Revenue Servic		••	Inspection
A	For the 2018	calendar year, or tax year beginning $07/01/18$, and ending $06/30/19$		
	Check if applicable:	C Name of organization	D Employe	r identification number
	Address change	Bread of Life Mission		
\equiv	_	Doing business as	1 91-6	057907
<u></u> '	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephon	e number
ال	Initial return	97 South Main Street	206-	<u>682-3579</u>
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		
=		Seattle WA 98104	G Gross rec	peipts\$ 2,198,888
ٰ ا	Amended return	F Name and address of principal officer:		
<u></u>	Application pending	Willie Parish May is this a	group return for	subordinates Yes X No
		97 S Main Street H(b) Are all s	subordinates inc	duded? Yes No
		Seattle WA 98104	o," attach a list	(see instructions)
$\overline{}$	Tax-exempt status			
			xemption numb	er 🕨
_	Form of organization			M State of legal domicile: WA
		ummary		
·		escribe the organization's mission or most significant activities:		
0		nging hope, healing, and recovery to Seattle's homeless t	hrough	a
Ĕ			iirougii	
Ĕ	CIII	st-centered approach.		
Governance				
		his box if the organization discontinued its operations or disposed of more than 25% of its n		l 40
66		of voting members of the governing body (Part VI, line 1a)		10
jes		of independent voting members of the governing body (Part VI, line 1b)	4	9
Activities	5 Total nu	mber of individuals employed in calendar year 2018 (Part V, line 2a)	5	12
ç	6 Total nu	mber of volunteers (estimate if necessary)	6	185
	7a Total un	related business revenue from Part VIII, column (C), line 12	7a	0
		elated business taxable income from Form 990-T, line 38	7b	0
		Prior Y		Current Year
•	8 Contribu	tions and grants (Part VIII, line 1h) 2,01	1,931	1,891,708
Revenue	9 Program	service revenue (Part VIII, line 2g)	1,598	243,933
8	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1,224	30,224
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,381	-12,530
	1		1,372	2,153,335
	ì	and similar amounts paid (Part IX, column (A), fines 1-3)	0	0
		paid to or for members (Part IX, column (A), line 4)	0	0
th.			9,263	653,210
Expenses	1		2,637	176,247
ber	1	ndraising expenses (Part IX, column (D), line 25) ▶ 374,328	27007	
X	I		4,233	1,005,154
			6,133	1,834,611
			5,239	318,724
58	13 Revenue	Beginning of C		End of Year
Net Assets on Fund Balance	20 Total as	1.00	7,232	2,185,903
800	24 Total list	ARMARA ARABA	1,607	47,028
3	22 Not occ	ets or fund balances. Subtract line 21 from line 20 1,79		2,138,875
		gnature Block	3,023	2,130,073
			A- 15- 51 -	
		f perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any I		or my knowledge and belier, it i
				Tell trans
٥:.	🕨 :	Signature of officer	 Date	
Sig	9'' <u>'</u>		Date	
He		Willie Parish President		
		Type or print name and title		
_		pe preparer's name Preparer's signature Date	Check	if PTIN
Pai	d Pamel	a A. Thomson Pamela A. Thomson 12/1	9/19 self-en	nployed P00172042
Pre	parer Firm's n	ame Luby and Thomson, PLLC	Firm's EIN	91-1705418
Use	Only	1109 1st Ave Ste 210		
	Firm's a	. 0+-1- 27 00101 0061	Phone no.	206-628-4991
Ma		uss this return with the preparer shown above? (see instructions)	- course 189	X Yes No
	, 0.0 1110 01001	A A A A A A A A A A A A A A A A A A A		000

om 990 (20	018)Bread of Life Mi		91-6057907	Page 2
Part III	Statement of Program Sen			
D 1.6	Check if Schedule O contains	s a response or note to any	line in this Part III	THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR
	describe the organization's mission: ring hope, healing,	and recovery to	Conttlele home	logg through a
	t-centered approach		seattle 5 nome	ress chrough a
CHILLS	c centered approach	•		

Did the	organization undertake any significant	program services during the year	which were not listed on the	
prior Fo	orm 990 or 990-EZ?			Yes X No
	" describe these new services on Sche			
	organization cease conducting, or ma	ke significant changes in how it co	nducts, any program	
service				Yes X No
	" describe these changes on Schedule be the organization's program service a		no lamaet program conjuga	an manufad by
expens	es. Section 501(c)(3) and 501(c)(4) orgalized expenses, and revenue, if any, for each	ganizations are required to report the		
ta (Code:) (Expenses \$ 1,26	5,021 including grants of\$) (F	Revenue \$ 243,933
physi physi	of Life Mission is cal and spiritual s cal support include ight beds, and 6,70	s an Evangelical support for homele ed providing appro	Christian Mini ess men in the oximately 121,	stry providing Seattle Area. Th
	(2.7-11-14.01) (2.41.01) (2.41.01)			
100000				
15.771153				
N/A) (Expenses \$	including grants of\$) (F	Revenue \$

	-4.41.41.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4			

c (Code:) (Expenses \$	including grants of\$) (F	Revenue \$
N/A				
4				
1				

1				
7.00				
100000				
d Other p	program services (Describe in Schedule	e O.)		
(Expen	•	ding grants of\$) (Revenue \$)
	rogram service expenses	265 021		

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١
	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)	١. ا		١,,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ا ـ ا		١,,
	assessments, or similar amounts as defined in Revenue Procedure 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	6		Х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	P -		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
9	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 temporarily restricted	۲	_	
10	endowments, permanent endowments, or 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,	111602		-
•	VII, VIII, IX, or X as applicable.			
а				
_	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		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		Ĭ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	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	_X_	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			ł
	"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	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			١
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	١	1	١,,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l	١,,	
40	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	40	"	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		V
20-	If "Yes," complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	├^
) 24		20b	\vdash	\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	demestic government on Fattivi, within this 11 if 165, complate Schedule I, Patts Fatto II	1 41	L	$\Gamma \Delta$

Form 990 (2018)

	art 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 Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	١		١,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a	\vdash	<u>X</u>
	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	24.		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24U		
2 0a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- 11	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	Mill.		31
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? if "Yes," complete			
	Schedule L, Part IV	28b	<u></u>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation 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	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١,,
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	-	$\vdash \cap$
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
••	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	<u> </u>		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pi	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			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	L. All		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 1c	ΙX	

Pa	int v Statements Regarding Other IRS Fillings and Tax Compliance (continued)	_		
	Established with a second and Established Towns (MA) Towns (MA) Towns (MA)		Yes	No
28	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 12			
L		-	37	B 8 4 1
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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,	١. ا		١.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country: ▶		10/17	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	8671		
5a	instituation and a second seco	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	١. ا		١
	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	l l		
	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	III is		
_ 1	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		<u> </u>
C	The state of the s			l
	required to file Form 8282?	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
6	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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	IV:		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	[1]	-11	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-7.7
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь	3.0.00.00.00.00		21	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
42-	against amounts due or received from them.) Section 4947(a)(4) non-exempt aboritable trusts to the exemption files from 000 in law of Ferm 40412	40.		
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	400		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O.		37	
b				1 4
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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			\vdash
	excess narachute navment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10	1427	47
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O	1000	NE II	

206-682-3579

WA 98104

Seattle

DAA

91- 6057907

Page 7

Form 990 (2018)

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation from compensation amount of box, unless person is both an other compensation from related organizations (list any officer and a director/trustee) the organization (W-2/1099-MISC) from the hours for Individual Institutional related (W-2/1099-MISC) organization and related organizations employee below dotted organizations line) trustee trustee (1) Willie Parish 40.00 President 0.00 69,488 0 46,000 (2) Andy Robblee 2.00 0.00 X X 0 0 Chairman 0 (3) Evan Chinn 2.00 X 0.00 X 0 0 Secretary (4) Kenneth Hamm 2,00 0.00 Treasurer 0 0 0 (5) Larry Karpack 1.00 0.00 0 0 0 Director (6) Gordon Goins 1.00 Director 0.00 X 0 0 0 (7) Andy Rosas 1.00 Director 0.00 0 0 0 Williams (8) Russ 1.00 0.00 0 0 Director 0 (9) Tyler Bell 1.00 Director 0.00 0 0 0 (10) Cyndie Martini 1.00 0.00 0 0 Director 0 (11)

Part VII Section A. Officer (A) Name and title	(B) Average hours per week (list any	(B) (C) Average Position hours per (do not check more than one box, unless person is both an officer and a director/frustee)					one an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-21099-MISC)	(F) Estimated amount of other compensation from the			
	retated organizations below dotted line) Officer photogram provided frustee Officer photogram provided frustee Officer photogram provided frustee Officer photogram provided frustee Officer photogram provided frustee					(<u>.</u>	a	rganizatio and relate ganization	in id				
		N	_										
	. Transport												
COCOCOCO OB COCOCOCOCOCOCO			_										
							Ĺ	60 400				5 0	<u> </u>
1b Sub-total c Total from continuation sh	eets to Part VII						•	69,488					000
d Total (add lines 1b and 1c Total number of individuals	(including but no	t lim	ited				d a	69,488 above) who received more	than \$100,000 of	<u> </u>	4 6	<u>5, C</u>	00
reportable compensation fro	m the organizati	ion J	U					=				/es	No
3 Did the organization list any employee on line 1a? If "Ye.	s," complete Sch	edul	e J	for s	such	indi	vidu	ıal			3		Χ
4 For any individual listed on longanization and related org													
individual 5 Did any person listed on line	e 1a receive or a	accn	ie co	ompo	ensa	ation	fror	m any unrelated organization	on or individual		4		X
for services rendered to the Section B. Independent Contra	organization? If										5		Χ
1 Complete this table for your	five highest con									tou upor			
compensation from the orga	(A) ad business address	COIL	ipen	sauc	W 10	ir ure	Ca		(B) sion of services	tax year.		(C) pensati	ion
Milwaukee Direct M	arketing					5 N		Barker Rd, Ste 1					
Brookfield	WI	5	30	45		-		<u>Fundraising</u>				173,	725
							+			-			
2 Total number of independer	it contractors (in	cludi	ng b	ut n	ot li	mited	l to	those listed above) who				¥.	

	(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 120,636 d Related organizations 1d				
Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1 1,771,072				
g Noncash contributions included in lines 1a-1f: \$ 451,747 h Total. Add lines 1a-1f	1,891,708			
2a Shelter fees 624200	243,933	243,933		
b				
d				
f All other program service revenue				
g Total. Add lines 2a-2f	243,933		0.000	
Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	30,797			30,79
5 Royalties			10-10-10-10-10-10-10-10-10-10-10-10-10-1	
(i) Real (ii) Personal				
b Less: rental exps.				
C Rental inc. or (loss				
d Net rental income or (loss) 7a Gross amount fron (i) Securities (ii) Other				
sales of assets other than inventory 26,000				
b Less: cost or other				
basis & sales exps 26,573				
c Gain or (loss) -573	-573			-5"
d Net gain or (loss) 8a Gross income from fundraising events	-3/3		HILLIAN CAN	-5
(not including \$ 120,636				
of contributions reported on line 1c).				
See Part IV, line 18 a 6, 450				
b Less: direct expenses b 18,980 c. Net income or (loss) from fundraising events	-12,530			
c Net income or (loss) from fundraising events	-12,550			
See Part IV, line 19 a				
b Less: direct expenses b				
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less				1
returns and allowances a				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
Miscellaneous Revenue Busn. Code				
440				
11a				
b				
b (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees	110,000	82,500	11,000	16,500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	440,152	260,669	69,188	110,295
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,200	4,500	1,800	900
9	Other employee benefits	62,540	39,237	8,856	14,447
10	Payroll taxes	33,318	20,904	4,718	7,696
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	14,410	Ì	14,410	•
d	Lobbying	-			
e	Professional fundraising services. See Part IV, line 7	176,247			176,247
f	Investment management fees				2.0/21
g	Other, (If fine 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advantaging and promotion	9,331			9,331
13	Office expenses	56,236	20,365	29,546	6,325
14	Information technology	22,252	11,241	9,900	1,111
15	Develies	22,232	11,211		1,111
16	0	121,645	90,020	31,625	
17	Travel	2,706	446	2,144	116
18		2,100	- 440	2,199	
10	Payments of travel or entertainment expenses		*		
40	for any federal, state, or local public officials	399		399	
19	Conferences, conventions, and meetings			399	
20	Interest				
21	Payments to affiliates	104 076	101 004	2 270	
22	Depreciation, depletion, and amortization	124,876	121,004	3,372	500
23	Insurance	34,572	30,823	3,749	
24					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	In-kind Food and Clothing	438,888	438,888		
b	Shelter and Other Program	66,774	64,167	318	2,289
C	Vehicle & Transportation	32,888	29,869	2,972	47
d	Newsletter & Mailings	29,424	900		28,524
0	All other expenses	50,753	49,488	1,265	
25		1,834,611	1,265,021	195,262	374,328
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				

			ine in this Part X	(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			14,689	1	19,117
2				_189,929	2	391,046
3					3	
4	Accounts receivable, net			23,832	4	39,570
5	Loans and other receivables from current and former	officers,	directors,		1867	
	trustees, key employees, and highest compensated e	employees	s			
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified p	ersons (a	s defined under section		11.12	
	4958(f)(1)), persons described in section 4958(c)(3)(E				-50	
	sponsoring organizations of section 501(c)(9) volunta					
١	organizations (see instructions). Complete Part II of S				6	
7					7	
} g	Inventories for selections				8	
9				7,000	9	· · · · · · · · · · · · · · · · · · ·
1 -	a Land, buildings, and equipment: cost or	T			7/45	
"	other basis. Complete Part VI of Schedule D	10a	2,674,669			
Ι,	b Less: accumulated depreciation	10b	1,730,973	980,836	10c	943,696
111	Incompany and the finding and a securities			648,799	11	790,327
12				0107133	12	1301321
13					13	
14	h d N h				14	
15				2,147	15	2,147
16	minimini			1,867,232	16	2,185,903
17	Associate consists and associat consists			71,607	17	47,028
18	Create mayoble			717007	18	47,020
19					19	
20					20	
21	1011010101010101010101010101010101010101	of Sche	dule D		21	
1	Loans and other payables to current and former office				1000	100
۱ ا	trustees, key employees, highest compensated employees			TO THE RESERVE		
22	disqualified persons. Complete Part II of Schedule L	oyees, an	u	COMMITTEE OF	22	
١,,	Secured mortgages and notes payable to unrelated the	hird partic			23	· · · · ·
24					24	
25			and third		24	
20	parties, and other liabilities not included on lines 17-2					
	of Schedule D	.4). Çünip	ICIC FAIL A		25	
26				71,607	26	47,028
	Organizations that follow SFAS 117 (ASC 958), ch			11,001	20	47,020
3	complete lines 27 through 29, and lines 33 and 34		M and			
[]				1,711,671	27	2 002 672
27	T 12 1. 1 . 1		83,954	28	2,003,673 135,202	
2 20	Permanently restricted net assets			03,934	29	133,202
. 4°	Organizations that do not follow SFAS 117 (ASC 9	059) cho	ck here		25	
5	-	330), CHE	ck liele P and			
3 20	complete lines 30 through 34.			Control of the Contro	20	
30	193.403	ant find			30	
27 28 29 30 31 32			name of the second second		31	
	•	, or other	runas	1,795,625	32	2,138,875
33				1 / 47 6/51	33	Z . 1 . 5 0 . 6 / 5

Form **990** (2018)

Form 990	(2018) Bread of Life Mission	91-6057907		Pag	ge 12
Part X	Reconciliation of Net Assets	·			
	Check if Schedule O contains a response or note to a	ny line in this Part XI			
1 Tota	revenue (must equal Part VIII, column (A), line 12)	1	2,1	53,3	<u> 335</u>
2 Tota	expenses (must equal Part IX, column (A), line 25)	2	1,8	34,6	<u> 611</u>
	enue less expenses. Subtract line 2 from line 1	3	3	<u>18, </u>	<u> 724</u>
4 Net	assets or fund balances at beginning of year (must equal Part X, I	ine 33, column (A)) 4	1,7	95 <u>,</u> (<u>625</u>
5 Net	unrealized gains (losses) on investments	5		24.	526
6 Don	ated services and use of facilities	<u>_6</u>	<u> </u>		
		7			
	period adjustments	8			
9 Othe	r changes in net assets or fund balances (explain in Schedule O)	9			
10 Net	assets or fund balances at end of year. Combine lines 3 through 9	(must equal Part X, line	7.507 (3.0		
	column (B))	10	2.1	<u>38,8</u>	37 <u>5</u>
Part X	I Financial Statements and Reporting				
	Check if Schedule O contains a response or note to a	ny line in this Part XII			
				Yes	No
1 Acc	ounting method used to prepare the Form 990: $igsqcup igsqcup $	Accrual Other			and a
If the	e organization changed its method of accounting from a prior year	or checked "Other," explain in	1/00		
	edule O.		10.55		
2a Wer	e the organization's financial statements compiled or reviewed by	an independent accountant?	2a	<u> </u>	X
If "Y	es," check a box below to indicate whether the financial statement	s for the year were compiled or			
	wed on a separate basis, consolidated basis, or both:				
	Separate basis 🔲 Consolidated basis 🔲 Both consolidate	ed and separate basis	1000		
b Wer	e the organization's financial statements audited by an independe	nt accountant?	2b	X	
If "Y	es," check a box below to indicate whether the financial statement	s for the year were audited on a			
sepa	rate basis, consolidated basis, or both:				
X :	Separate basis 🔲 Consolidated basis 🔲 Both consolidate	ed and separate basis			
c if "Y	es" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight			
of t	ne audit, review, or compilation of its financial statements and sele	ection of an independent accountant?	2c	X	<u> </u>
If the	e organization changed either its oversight process or selection pro	ocess during the tax year, explain in			10
Sch	edule O.				
3a As a	result of a federal award, was the organization required to undergo	o an audit or audits as set forth in			
the	Single Audit Act and OMB Circular A-133?		3a	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	X
b If "Y	es," did the organization undergo the required audit or audits? If the	ne organization did not undergo the	77 P. C.		
requ	ired audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits.	3b		
			For	m 99 0	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to P

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

Open to Public Inspection

OMB No. 1545-0047

riame	of th	e organization					I	Employer idea	ntification number	
			Bread of Li:	fe Mission				91-605	7907	
Pa	art l	Reas	on for Public Charity	Status (All organization	ons must	comple	te this part.)	See instr	ructions.	
The	orga	nization is no	t a private foundation becar	use it is: (For lines 1 through	12, check	only one b	oox.)			
1	\Box	A church, co	nvention of churches, or as	sociation of churches describ	oed in sec	tion 170(b	o)(1)(A)(i).			
2	П)(A)(ii). (Attach Schedule E (
3	Н			vice organization described in			•			
4	Н		· · · · · · · · · · · · · · · · · · ·	ed in conjunction with a hosp				Alfiii). Enter	the hospital's nam	ie.
•	ш	city, and stat		ou an conjunction may a mosp					tilo moopitara man	
6	\Box	•		of a college or university ow	ned or one	rated by a	a governmental	unit describ	ed in	
•	ш	_	(b)(1)(A)(iv). (Complete Pa	=	nea or ope	nated by t	2 governmentar	and accord	CG 111	
6				governmental unit described	in section	170(b)(1)	1/41/1/1			
7	Χ	An organizat	ion that normally receives a	substantial part of its suppo				the general	public	
_			section 170(b)(1)(A)(vi). (5 ())					
8	Н			170(b)(1)(A)(vi). (Complete						
9	Ш			escribed in section 170(b)(1) of agriculture (see instruction						
10		receipts from support from	activities related to its exe gross investment income	(1) more than 33 1/3% of its mpt functions—subject to cer and unrelated business taxab 30, 1975. See section 509(a	tain except le income	tions, and (less secti	(2) no more the on 511 tax) fro	an 33 1/3%	of its	
11	П		=	exclusively to test for public		-	-			
12	П	_		exclusively for the benefit of	-			arry out the	purposes	
	_			nizations described in section						
	а	Land	-	that describes the type of su perated, supervised, or contro		_	-		•	
	4	the supp	orted organization(s) the po	wer to regularly appoint or el complete Part IV, Sections	ect a majo		•		y giving	
	b	control of	r management of the suppo	supervised or controlled in co prting organization vested in t	the same p	• •			•	
			• • • • • • • • • • • • • • • • • • • •	e Part IV, Sections A and C supporting organization oper		anostion u	with and function	nally intage	stant with	
	С.	its suppo	orted organization(s) (see in	nstructions). You must comp	lete Part i	V, Section	s A, D, and E.			
	d	that is no	ot functionally integrated. To	ed. A supporting organization ne organization generally must	st satisfy a	distributio	n requirement			
	e	_ `		must complete Part IV, Sec ceived a written determination				no II. Timo I	ın	
		functiona	illy integrated, or Type III r	confunctionally integrated sup	oportina or	anization.	isa iypei, iy	ре п, туре	III	
	f		mber of supported organiza				•		Γ.	
	g			the supported organization(s	Y.				-	
(1)	_	e of supported	(ii) EIN	(III) Type of organization	(iv) is the o	manization	(v) Amount of	nonetary	(vi) Amount of	_
**		anization	(4) En 1	(described on lines 1-10	listed in you		support (other support (se	98
				above (see instructions))	docum	nent?	instructio	ns)	instructions)	
					Yes	No				
(A)										
(B)										
(C)									-	-
(D)						$\overline{}$				
(E)				<u></u>						
						W. Trymun				
_										

Page 2

Schedule A (Form 990 or 990-EZ) 2018 Bread of Life Mission 91-6057907

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	n fails to qualify	under the te	sts listed belov	w, please com	plete Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,601,780	1,748,008	1,568,591	2,011,931	1,891,708	8,822,018
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,601,780	1,748,008	1,568,591	2,011,931	1,891,708	8,822,018
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)						2,541,043
6	Public support. Subtract line 5 from line 4		A E WHILE I	HE 2 HEXLID		Monussii (itzi (i	6,280,975
$\overline{}$	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,601,780	1,748,008	1,568,591	2,011,931	1,891,708	8,822,018
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,498	16,756	34,217	21,224	30,797	111,492
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.)						
11	Total support. Add lines 7 through 10					on " com li	8,933,510
12	Gross receipts from related activities, etc.	. (see instructions)				12	1,071,910
13	First five years. If the Form 990 is for the	ne organization's fir				501(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2018 (line			ımn (f))			70.31%
15	Public support percentage from 2017 Sci					15	71.99%
16a					is 33 1/3% or mo	re, check this	.
	box and stop here. The organization qui		,,	1.144.00.00.00.00	45 : 00 4004		▶ X
D	33 1/3% support test—2017. If the orga				ne 15 is 33 1/3% (or more, check	, _
470	this box and stop here. The organization				40a a- 40b a	l line 44 in	
174	10%-facts-and-circumstances test—20 10% or more, and if the organization me	•					
	Part VI how the organization meets the				•	•	
	organization	acto-and-oncurrst	ances test, file (viganizadon quali	ilea ao a publiciy	onthoirea	▶ □
b	10%-facts-and-circumstances test—2	017. If the organiza	ition did not check	a box on line 13	16a 16b or 17a	and line	
-	15 is 10% or more, and if the organization	•				-	
	Explain in Part VI how the organization is				•		
	supported organization				On the Control of the	0.0000-000	▶ □
18	Private foundation. If the organization of	lid not check a box				d see	
	instructions						▶ 🗌

Schedule A (Form 990 or 990-EZ) 2018 Bread of Life Mission

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che If the organization fails to	cked the box aualify under	on line 10 of l the tests liste	Part I or if the d below, plea	organization f se complete F	ailed to qualify art II.)	under Part II.
Sec	tion A. Public Support				'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		ş.				
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2:
	tion B. Total Support						
	ndaryear (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	· · · · · · · · · · · · · · · · · · ·					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	-	first, second, third	, fourth, or fifth ta	ıx year as a sectio	on 501(c)(3)	
_	organization, check this box and stop he						
	tion C. Computation of Public S			4 40)		1481	
15	Public support percentage for 2018 (line			olumn (t))		15	<u>%</u> %
16 Sec	Public support percentage from 2017 Sci tion D. Computation of Investm					10	
17	Investment income percentage for 2018			e 13 column (f))	parties of the second second	17	- %
18	Investment income percentage from 201		• • • • • • • • • • • • • • • • • • • •	.,,		18	%
19a	33 1/3% support tests—2018. If the org			line 14, and line	15 is more than 3	PROCESS CONTRACTOR CON	
	17 is not more than 33 1/3%, check this						
b	33 1/3% support tests-2017. If the org	anization did not	check a box on li	ne 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, check	-	_	-		-	
20	Private foundation. If the organization of	iid not check a b	ox on line 14, 19a	, or 19b, check th	nis box and see in	structions	

Part IV Supporting Organizations

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	ction	A.	All	Supporting	Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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 (b) and (c) 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below.
- 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		1
1	19-1	
		400
2	101111	
3a		
3b	Orring	
3с		
4a		
幣		1
4b		
		HEES.
4c		211,
		無り置う
5a	111211111	111 333
5b		381.
_5c		
6		
		E.,
7		
8		
9a		1 3311
9b		
HH		Memu
9c		
400		<u> </u>
_10a		
10b	OF 990	EZ) 2018

	ale A (Form 990 or 990-EZ) 2018 Bread of Life Mission 91-6057	907		Page 8
<u> Par</u>	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ill te
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	144		1188
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	IR =		4 - 11
_	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	1,401	157 11:-	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	# 100		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	477		
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
OCCL	On C. Type is Cupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	12		3711
•	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	11111		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Leg Leg		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1,000		
	significant voice in the organization's investment policies and in directing the use of the organization's	350		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	4.65		
	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 year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete Ilne 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 government entity (s	e instructi	ons).	
2 /	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.35	100	-110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	200		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	188	to and	
	how the organization was responsive to those supported organizations, and how the organization determined	THE CASE		
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	de la	
•	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	- mood (1)	00
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.0	WEST TO	
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			: 1
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	+0.00	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	36	N/Carrel	
IJ	of its supported organizations? If "Yes" describe in Part Withe role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2018 Bread of Life Mission		91-605	7907 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Organ</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			•
instructions. All other Type III non-functionally integrated supporting organization	ns must c	omplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	_	
3 Other gross income (see instructions)	3	_	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	4-7		
instructions for short tax year or assets held for part of year):	161114		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		_
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	. 8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally interinstructions).	grated Ty	pe III supporting organiz	ation (see

Schedule A (Form 990 or 990-EZ) 2018

Bread of Life Mission 91-6057907 Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Fo	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Parl lines 2, 5, and 6	Information. F IV, Section A, ; Part IV, Secti t V, line 1; Part	lines 1, 2, 3b, on C, line 1; f t V, Section B	planations requ , 3c, 4b, 4c, 5a Part IV, Section , line 1e; Part	a, 6, 9a, 9b, 9c, n D, lines 2 and V, Section D, li	, 11a, 11b, and d 3; Part IV, Se nes 5, 6, and 8	, line 17a or 11c; Part IV, ction E, lines ; and Part V,	Section 1c, 2a, 2l
	mics Z, D, and t	J. Also comple	te tras part 10	i arry additiona	a miormation. (oee manuchom	э. _]	
								an error
Č								
								A. I. I. I.
	***************************************					**************		
	CLES PERMITTERS PERMITTERS	ngmille i kawanga						
		33						
- 21.21.11.11.11.11						F1111771117F1114F7F1		
	****************			(*******************				
*								
***********							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	0						********	
	E-1-101 (* 1 + 1-1			erconnenou e ou -			**********	
						100000000000000000000000000000000000000		*******

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
2018
Open to Public

Inspection

Name of the organization Employer identification number Bread of Life Mission 91-6057907 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2018 Bread of				<u>6057907</u>	Page 2
Part III Organizations Maintainir					
3 Using the organization's acquisition, access collection items (check all that apply):					· ,
a Public exhibition	a 🗍 L	oan or exchange p	rograms		
b Scholarly research					
c Preservation for future generations			CHEST STREET, CONTROL OF CO.	ordania de la compansión de la compansió	
4 Provide a description of the organization's	collections and expla	in how they further	the organization's e	xempt purpose in Pai	t
XIII.	·	•	ū		
5 During the year, did the organization solic	it or receive donations	of art, historical tre	easures, or other sin	nilar	
assets to be sold to raise funds rather tha	n to be maintained as	part of the organiz	ation's collection?		Yes No
Part IV Escrow and Custodial	Arrangements.				
Complete if the organization 990, Part X, line 21.	on answered "Yes	s" on Form 990,	Part IV, line 9,	or reported an an	nount on Form
1a Is the organization an agent, trustee, cust included on Form 990, Part X?		•		not	Yes No
b If "Yes," explain the arrangement in Part	KIII and complete the t	following table:			
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount or	n Form 990, Part X, lir	ne 21, for escrow o	r custodial account li	ability?	Yes No
b If "Yes," explain the arrangement in Part >	(III. Check here if the	explanation has be	en provided on Part	XIII	
Part V Endowment Funds.			_		
Complete if the organizati	<u>on answered "Yes</u>	on Form 990	<u>Part IV, line 10</u>		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and					
losses					
d Grants or scholarships			 		
Other expenditures for facilities and					
programs			ļ		
f Administrative expenses					
g End of year balance			L		
2 Provide the estimated percentage of the o	•	ce (line 1g, column	(a)) held as:		
a Board designated or quasi-endowment	%				
b Permanent endowment ▶ %					
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c	•				
3a Are there endowment funds not in the pos	ssession of the organia	zation that are held	and administered to	r the	[w.] w.
organization by:					Yes No
					3a(i)
(ii) related organizationsb If "Yes" on line 3a(ii), are the related organizations	ciantina listed as an	uland an Calcadula	D1		3a(il)
4 Describe in Part XIII the intended uses of					3b
Part VI Land, Buildings, and Ed		oownient lunus.			
Complete if the organizati		" on Form 990	Dart IV line 11	a See Form 000	Part Y line 10
Description of property	(a) Cost or other ba			a. See FOITH 990,	(d) Book value
Ensurption to property	(investment)		ner)	depreciation	fal now squa
1a Land		(00	25,000		25,000
1a Land		2 0		1,268,412	815,374
b Buildings c Leasehold improvements	-	2,0	03,700 .	1,200,412	013,3/4
	2		65,883	462,561	103,322
e Other	·	- 	03,003	702,301	103,322
Total. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990. Pa	art X, column (B). li	ne 10c.)		943,696

DAA

Schedule D (Form 990) 2018

<u>Schedule D (F</u>	<u> Form 990) 2018 Bread of Life Mission</u>	<u> </u>	91-6057907	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or		line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuatio	
	(including name of security)		Cost or end-of-year market	value
(1) Financial			· · · · · · · · · · · · · · · · · · ·	
	d equity interests			
(3) Other				
(A)				
				····
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
I GIL VIN	Complete if the organization answered "Yes" or	Form 990 Part IV	line 11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuatio	
	(a) Coochistor of interestrials	(11) 50001 10110	Cost or end-of-year market	
(1)	·			
(2)	•			
(3)				
(4)				
(5)				
(6)			×	
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)			·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	*			
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		D	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	i Form 990, Part IV,	line 11e or 11f. See Form	990, Part X,
	line 25.			
<u>1. –</u>	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the fe	notnote to the organization	in's financial statements that renor	te tha

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 Bread of Life Mission	91-605790		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,196,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	100	
	Net unrealized gains (losses) on investments	2a 24,526	5	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
0	Add lines 2a through 2d	*************	2е	24,526
3	Subtract line 2e from line 1		3	2,172,315
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1113	
þ	Other (Describe in Part XIII.)	4b −18,980	2015	
	Add lines 4a and 4b		4c	-18,980
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,153,335
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		per Re	turn.
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,853,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	\$1.002031052 \$450.000310pp.0034520		
а	Donated services and use of facilities			
þ	Prior year adjustments	2b	175	
C	Other losses	2c	15 11	
d	Other (Describe in Part XIII.)	2d 18,980		
0	Add lines 2a through 2d		2e	<u> 18,980</u>
3	Subtract line 2e from line 1		3	1,834,611
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	物里	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,834,611
Pa	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lir	ie 4; Par	t X, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	•		
P	art XI, Line 4b - Revenue Amounts Include	ed on Return - C	ther	************
E	vent direct expenses		\$	-18,980
Ρ.	art XII, Line 2d - Expense Amounts Includ	ded in Financial	s -	Other
E	vent direct expenses		\$	18,980
				10110

Schedule I	D (Form 990) 2018	Bread of	Life Missi	on	<u>91-6057907 </u>	Page 5
Part X	III Supplement	tal Information	Life <u>Missi</u> (continued)		11	
			•			
2.000.000					 	

				********	 *****************************	
T ************************************	*****				 	
* ******					 	
,					 	
				11.71.11.11.11.11.11.11.11	 	
				* 13 * * 13 * 14 * 14 * 14 * 1	 	
*101110000					 	

*					 	
***********			***************************************		 	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

OMB No. 1545-0047 0040

Part I Fundraisi Form 990 1 Indicate whether the of a Mail solicitations	ead of Life Mis ng Activities. Complete EZ filers are not required rganization raised funds throug	sion if the organiza t to complete t	instru	ctions a	i 990-EZ. and the latest information.	Employer identificat					
Name of the organization Brown Part I Fundraisi Form 990 1 Indicate whether the of a Mail solicitations	ead of Life Mis ng Activities. Complete EZ filers are not required rganization raised funds throug	sion if the organiza t to complete t	ition		and the passes with the passes		lon number				
Part I Fundraisi Form 990 1 Indicate whether the of a Mail solicitations	ng Activities. Complete EZ filers are not required rganization raised funds throug	if the organizate to complete t	ition		Name of the organization Bread of Life Mission Employer ident 91-605						
Indicate whether the o Mail solicitations	rganization raised funds throug		this r	ansv part.	wered "Yes" on For						
		,			es. Check all that apply	ē.					
		e X Solicitation	of no	on-gov	vernment grants						
b X Internet and email	solicitations			-	ment grants						
c X Phone solicitations	5	g X Special fur	ndrais	ing ev	vents						
d X In-person solicitati	ions										
or key employees liste	ave a written or oral agreemen d in Form 990, Part VII) or ent	ity in connection v	vith p	ofess	ional fundraising service	s?	X Yes No				
b it "Yes," list the 10 hig compensated at least	hest paid individuals or entities \$5,000 by the organization.	(fundraisers) purs	uant 1	to agr	eements under which the	ne fundraiser is to b	e				
(i) Name and a	address of individual y (fundraiser)	(ii) Activity	((III) Di raiser custo contr	have dy or ol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vI) Amount paid to (or retained by) organization				
Million Dine	-t Manhatina	1	contribu			col. (i)					
Milwaukee Direct 1 675 N Barker Ro	-		Yes	NO							
Brookfield	WI 53045	Fundraisin	ı l	Х	255, 454	173,725	81,729				
2											
3				\Box							
4						1					
5							-				
6											
7							<u> </u>				
8											
9											
10											
Total					255,454	173,725	81,729				
3 List all states in which registration or licensin Washington	the organization is registered og.	r licensed to solic	it con	tributio	ons or has been notified						

Schedule G (Form 990 or 990-EZ) 2018 Bread of Life Mission 91-6057907 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through <u>Banquet</u> None (event type) (total number) col. (c)) (event type) 1 Gross receipts 127,086 127,086 120,636 2 Less: Contributions 120,636 3 Gross income (line 1 minus 6,450 line 2) 6,450 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 3,604 Expenses 3,604 12,258 7 Food and beverages 12,258 Direct 8 Entertainment 3,118 3,118 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,980 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Expenses 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (F	or 990 or 990-l	EZ) 2018 Bread	1 0:	<u>f Life</u>	<u>Mission</u>		91-605	790	7	Page 3
11			induct gaming activities						1000a		es No
12	Is the or	ganization a gran	ntor, beneficiary or truste	e of a	trust, or a r	nember of a partne	ership or other entity				
			ritable gaming?							\square_{Y}	es No
13			of gaming activity condu							ш.	
a									13a		0/
b	An outei	do fooilibe							13b		%
									130		70
14	records:	e name and addr	ress of the person who p	prepa	res the orgai	nization's gaming/s	special events books a	na			
	Name ▶										
	Address	•		. () .							
15a		=	ve a contract with a thin	d part	y from whon	n the organization i	receives gaming				
	revenue'									□ Y	es 💹 No
b	If "Yes,"	enter the amount	t of gaming revenue rec	eived	by the orga	nization 🕦	aı	nd the			
			ue retained by the third p		\$						
C	If "Yes,"	enter name and	address of the third part	ty:							
	Name ▶										
	Address									101111	
16	Gaming	manager informa	ation:								
	Name ▶					#1.			1.111		
	Gaming	manager compe	nsation ▶\$								
	Descripti	on of services p	rovided >								
	Dire	ctor/officer	Employee	[Independ	dent contractor					
					_						
17	Mandato	ry distributions:									
a	Is the or	ganization require	ed under state law to ma	ake c	haritable dist	tributions from the (gaming proceeds to				
	retain the	e state gaming lic	cense?	0.803						Y.	es No
b	Enter the	amount of distri	ibutions required under s	state	law to be dis	tributed to other ex	xempt organizations or			_	_
	spent in	the organization's	s own exempt activities	during	the tax vea	ır ▶6					
Pa	rt IV	Supplement	al Information. Pr 9, 9b, 10b, 15b, 1	ovide	e the expla	anations require					
S		200							-		
								e occidentation			
				*****					0.000		
	11,1-11-11-1			11111							

- (100											
				*****	entro men						
				e a company							
				22/05/55					200000		
			THE RESERVE TO SERVE THE PARTY OF THE PARTY		A.1000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			************
_	_										

SCHEDULE M (Form 990)

Noncash Contributions

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

2018

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for Instructions and the latest information.

Open To Public Inspection

Name of the organization Employer identification number Bread of Life Mission 91-6057907 Types of Property Part I (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household 32,779 Fixed price per pound aoods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded 2 2,859 FMV on date of donation 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution - Historic structures Qualified conservation contribution — Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 406,109 Fixed price per pound 241731 19 Food inventory 20 Drugs and medical supplies 21 Taxidemy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 10.000 FMV provided by donor 25 Other ▶ (Equipment 26 Other ▶(27 Other ▶(28 Other ▶(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked. describe in Part II.

Schedule M (F	orm 990) 2018 Bre.	ad of	Life N	Mission		9	1-6057907	7	Page 2
Part II	orm 990) 2018 <u>Bre</u> Supplemental the organizatio or a combinatio	n is report	ting in Pa	irt I, columr	n (b), the nur	mber of cor	ntributions, the	32b, and 33, number of ite	and whether ms received,
130000	***********		*********						
Matter contacts									
7									100000000000000000000000000000000000000

		**********		************					
		neauten							

,	-5140-27125-71-22								
	nestro construcción							e Communication	
o resourcestors									

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Bread of Life Mission

91-6057907

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board or its designee reviews the tax return prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are informed of the importance of disclosing conflicts of
interest when they become board members. Board members are alert to
potential situations which may result in a conflict of interest. Any such
matters would be properly evaluated and considered to ensure that they are
resolved in a manner consistent with the Board's fiduciary
responsibilities.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the President is evaluated by the Executive Committee based on information received from United Way, comparable organizations, and independent research services. This process results in a recommendation to the full board which approves any final decisions with respect to compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation of other employees is evaluated by the Executive Committee based on information received from United Way, comparable organizations, and independent research services. This process results in a recommendation to the full board which approves any final decisions with respect to compensation.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Bread of Life Mission	Employer identification number 91-6057907	ge 2
Form 990, Part VI, Line 19 - Governin	g Documents Disclosure Explanation	n .
The Mission makes its governing docume		
financial statements available to the		
	* (1) (2) (1) (2) (1) (4) (3) (3) (4) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	0.00
Form 990, Part XI, Line 9 - Other Char	nges in Net Assets Explanation	
Event direct evenence	\$ 18,98	30
_	\$ -18,98	
Byene direct expenses	±91,39	,00
		0.000
		101.55
	Matanaka da darah da saman da sa	
		MITT
		11000
		ees:
		2117
***************************************		15055
		200000
		0.000
	Page 1 of 1	

Schedule O (Form 990 or 990-EZ) (2018)