Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2019
Open to Public

Inspection

A	For the	2019 cal	endar year, or tax year beginning		, and	ending					
В	Check if a	applicable:	C Name of organization OUR DAILY	Y BREAD FOOD E	ANTRY		D Employer i	dentification	number		
\Box	Address of	change	Doing business as								
			Number and street (or P.O. box if mail is no	t delivered to street addres	Room/suite		83-295605	0			
	Name cha	ange					E Telephone number				
V	Initial retu	um	PO BOX 109 City or town	State	ZIP code						
	iniliai relu			State	ZIF Code		239-259-5	5188			
	Final return	/terminated	MARCO ISLAND FL 34146- Foreign country name Foreign	province/state/county	Foreign post	al code					
V	Amended	d roturn	1 Oreign Country Hame Toreign	province/state/county	ruleigh post	ai code	G Gross recei	nto ¢	01166) E	
	Amenaea	return					G Gloss lecel	υιο φ	21169	5.	
	Application	on pending	F Name and address of principal officer: JO	ANNE LUNDQUIS	T	H(a) Is th	is a group return for	subordinates?	Yes	X No	
			1521 JAMAICA C MARCO ISL	AND FL 34145-		H(b) Are	all subordinates	included?	Yes	No	
_	Tay avan	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or 527	16 11	No," attach a list		ions)		
					a)(1) 01 527				, ,		
J	Website	: DOUE	RDAILYBREADFOODPANTRY.COM	1		H(c) Gro	oup exemption no	umber -			
K	Form of	organization	n: X Corporation Trust Associa	ation Other >	LY	ear of forma	ation: 2019	M State of	legal domicile	e: FL	
	Part I		mmary								
	alli			1 1 10 1	1 1/1						
0	1	Briefly c	lescribe the organization's mission or	r most significant ac	ivities: Foo	DD PAN	TRY				
2											
T a											
· Ne	2	Check t	his box if the organization dis	scontinued its operat	ions or dispos	ed of mo	re than 25%	of its net a	issets.		
8	3		of voting members of the governing					3		4	
ంఠ	4		of independent voting members of t					Δ			
es	5		mber of individuals employed in cale	그 하다 시간에 가는 사람들이 하는 것은 사람들은 그들이 있는 것 같아요. 그들은 사람들이 없는 것이 없는 것이 없는 것이다.				5			
V.	0			[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2				0		500	
cti	0		mber of volunteers (estimate if nece					6		500	
A			related business revenue from Part					7a			
	b	Net unr	elated business taxable income from	Form 990-T, line 39)	<u></u>		7b			
							Prior Year		Current Yea	ar	
9	8	Contrib	utions and grants (Part VIII, line 1h)						2:	11695.	
J.	9	Progran	n service revenue (Part VIII, line 2g)								
eve	10	Investm	ent income (Part VIII, column (A), lin	nes 3, 4, and 7d)							
ď	10		evenue (Part VIII, column (A), lines 5								
	12		enue—add lines 8 through 11 (must equ						2.	11695.	
	13										
			and similar amounts paid (Part IX, co	하는 사람은 보다 아이들에게 되었다면 보다면 하는데						430.	
	14		s paid to or for members (Part IX, col								
es	15		, other compensation, employee benefits	그렇게 하는데 맛있다고 있는데 그들은 살이 되었다면 하는데 하는데 가장 되었다면 하는데 하는데 되었다.							
Sus	16a		ional fundraising fees (Part IX, colun	나는 보고 그리고 있다면 하는 것이 되었다면 하는 것이 없는 것이 없는 것이 없다면 없는데 없었다면 없다.							
dx	b	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶							
ω ω	17	Other e	xpenses (Part IX, column (A), lines 1	1a-11d, 11f-24e).					13	34010.	
	18	Total ex	penses. Add lines 13-17 (must equa	al Part IX, column (A), line 25).				13	34440.	
	19	Revenu	e less expenses. Subtract line 18 fro	om line 12						77255.	
0	G D						ning of Current	Year	End of Yea		
ets	20 21 22	Total as	sets (Part X, line 16)							45220.	
Ass	21		bilities (Part X, line 26)							4509.	
Net	22		ets or fund balances. Subtract line 2						1		
				1 HOITIME 20					1 4	40711.	
THE RESERVE OF THE PERSON NAMED IN	art II	The second state of the second	nature Block	-t							
			ry, I declare that I have examined this return, ince ect, and complete. Declaration of preparer (other								
- Circ	שלוויין וני	lo truc, con	bot, and complete. Decidration of preparer (othe	or triair officer) is based on	all illioithation of	willon prepa					
Sig	gn		<u> </u>					5/2020			
He	re		Signature of officer				Date				
			JO ANNE LUNDQUIST		PRI	ESIDEN	T				
			Type or print name and title								
		Prin	t/Type preparer's name	Preparer's signature		Date	e		PTIN		
Pa	id							eck if			
Pr	eparei	r ES	THER GULYAS			05/	05/2020 se	it-employed	P110874	124	
	e Only	1	n's name ►EG TAX SERVICE				Firm's EIN	6-1474	140		
US	o om		n's address ▶ 1890 COLVIN BLVD	TONAWANDA	NY		Phone no.				
14-	v 4h - 11										
IVIa	y the IF	42 discu	ss this return with the preparer show	n above? (see instru	ictions)				X Yes	No	

Form 9	90 (2019) OUR DAILY BREAD FOOD PANTRY 83-2956050 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR DAILY BREAD FOOD PANTRY EXISTS TO SHARE THE LOVE OF GOD BY
	REDUCING HUNDER AND BUILDING RELATIONSHIPS IN OUR COMMUNITY.
	OUR GOAL IS TO OFFER NOURISHING FOOD CHOICES, ENCOURAGMENT AND HOPE.
	OUR GOAD IS TO OFFER NOOKISHING FOOD CHOICES, ENCOURAGED AND HOLD.
2	Did the ergenization undertake any cignificant program convices during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 501C3) (Expenses \$ 134440. including grants of \$) (Revenue \$
	WEEKLY DISTRIBUTION OF FOOD ITEMS AND MONTHLY FEEDING OF SENIORS
0	AT A TIMCHEON THIS IS OUD ONLY MISSION
	AI A LUNCHEON. IHIS IS OUR ONLI MISSION
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 134440.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
1				22
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8				
	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	-		1
٠				
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
4.0	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
b	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	Spirited California	20124-0-2012/0-2017	1
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		21
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u				l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
T	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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Λ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	4=		
16		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	D'111.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
	- Tes, complete scriedule i, Parts I and II	21		X

Par	t 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 through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
4	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		v
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		Λ
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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," 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,			
35a	III, or IV, and Part V, line 1	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		Λ
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		V
Par	Statements Regarding Other IRS Filings and Tax Compliance			Λ
	Check if Schedule O contains a response or note to any line in this Part V		. [
4-	Enter the number reported in Day 2 - (Farm 1999 Fig. 1999		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	4.		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	25		v						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		v						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ						
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c								
	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
e										
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		Y						
8 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			A						
٠	sponsoring organization have excess business holdings at any time during the year?	8		X						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:	Control (see See S								
a	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
40	against amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a								
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
C										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Y						
	If "Yes," complete Form 4720, Schedule O.	10		Λ						
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D:	 1/	

	Check if Schedule O contains a response or note to any line in this Part VI									
Sect	ion A. Governing Body and Management		Vaa	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	4	Yes	No						
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
7a	Did the organization have members or stockholders?	7a		V						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		Λ						
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		and the state of the state of							
	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O									
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401								
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	10b		V						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		A						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b	-							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Χ							
15	Did the process for determining compensation of the following persons include a review and approval by									
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO. Executive Director, or ten management official.	45-		77						
	The organization's CEO, Executive Director, or top management official	15a		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Δ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard									
Sact	the organization's exempt status with respect to such arrangements?	16b								
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec	tion 501	(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		(0)							
	Own website Another's website X Upon request Other (explain on Schedule	0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st policy	/,							
20	and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and record RONALD SAFFIN									
	RONALD SAFFIN 817 SEAGRAPE DR MARCO ISLAND FL 34145-	432								

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

Check this box if neither the organization nor an	y related organi	izatio	n cc	mp	ens	ated a	any	current officer,	director, or trust	ee.
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson irecto	than o is both or/truste	an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		from the organization and related organizations
(1) JO ANNE LUNDQU PRESIDENT	40	X						0	0	0
(2) ELIZABETH PECO VICE PRESIDENT	40	X						0	0	0
(3) VICKI JOHNSON SECRETARY	40	X						0	0	0
(4) NANCY KOT TREASURER	40	X						0	0	0
(5)										
(6)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nploy	/ees	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	(A) Name and title	(B) Average hours	Position (do not check more that box, unless person is bot officer and a director/true						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	10 -	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
C	Subtotal	Section A						•			
2	Total (add lines 1b and 1c). Total number of individuals (including but not line reportable compensation from the organization	imited to those	listed	abo	ove)	wh	no rec	eiv	ed more than \$1	100,000 of	
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche	ector, trustee, k									Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co ater than \$150,	mpei 000?	nsat	ion Yes	and," c	d othe	er co	ompensation fro	m such	A
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	rue compensati	on fro	om a	any	unr	elate	d o	rganization or in	dividual	
Sec	tion B. Independent Contractors					<u> </u>		7010			
1	Complete this table for your five highest compound compensation from the organization. Report compensation from the organization.	ensated indeperompensation for	nden	cale	ntra	cto	rs tha	t re	ceived more tha	n \$100,000 of	n's tax vear
	(A) Name and business add								(B) Description of ser		(C) Compensation
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the			o th	ose	list	ed al	oov	e) who received		

D 4 1/1111	01-1	
Part VIII	Statement of Revenue	
rait viii	Statement of Nevenue	

		Check if Schedule O co	ntains	a respon	ise or	note to any line	in this Part VIII.			· · L
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ø 10	1a	Federated campaigns			1a					
Grants		Membership dues			1b					
Gra		Fundraising events			1c	44117.				
- =		Related organizations			1d	495.				
Gifts, ilar A						433.				
- 400 1		Government grants (contrib			1e					
utions, ner Sim	T	All other contributions, gifts			45	167000				
he		similar amounts not include			1f	167083.				
E O	g	Noncash contributions inclu								
Cor		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f .			• • •		211695.			
•						Business Code				
ice	2a									
ue ue	b									
S	C									
Rev	d									
91	е									
Pro	f	All other program service re	evenu	e	. [
g .	g	Total. Add lines 2a-2f								
	3	Investment income (includi								
		other similar amounts)								
	4	Income from investment of	tax-e	xempt bo	nd pro	oceeds				
	5	Royalties								
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses.	6b							
	C	Rental income or (loss)	6c						ne i processo de la constante	and the second s
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne ne	b	Less: cost or other basis								
en		and sales expenses	7b							
ev	C	Gain or (loss)	7c							
R		Net gain or (loss)		Description of the State of the						
the		Gross income from fundrais								
Б		events (not including \$								
		of contributions reported or	line	1c).						
		See Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	C	Net income or (loss) from f	undra	ising ever	nts .					
		Gross income from gaming								
		See Part IV, line 19			9a					
	b	Less: direct expenses								
		Net income or (loss) from g								
		Gross sales of inventory, le								
		returns and allowances .			10a					
	b	Less: cost of goods sold.			10b					
		Net income or (loss) from s								
Ø						Business Code				
on	11a									(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
nu	b									
Ve	C									
Re		All other revenue								
Miscell		Total. Add lines 11a-11d.								
		Total revenue. See instruc			***************************************		211695.			

Part IX	Statement	of	Functional	Expenses
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Section	on 501(c)(3) and 501(c)(4) organizations must complete al	I columns. All other	organizations mus	st complete column	(A).
	Check if Schedule O contains a response or note	to any line in this F	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	430.	430.		
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				
4	individuals. See Part IV, lines 15 and 16				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-8	Other salaries and wages				
	Other employee benefits				
11	Fees for services (nonemployees):				
b	Management				
d	Accounting				
	Professional fundraising services. See Part IV, line 17				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6638.	6638.		
13	Office expenses	5162.	5162.		
	Information technology				
	Royalties	20221	20221		
16	Occupancy	32331.	32331.		
	Travel	4109.	4109.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2614.	2614.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	17898.	17898.		
b	FUNDRAISING	3566.	3566.		
C	FOOD COSTS	59210.	59210.		
d	BIBLES	2482.	2482.		
	All other expenses	101110	124440		
	Total functional expenses. Add lines 1 through 24e.	134440.	134440.		
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				
	following SOP 98-2 (ASC 958-720)				000

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	17079.
	2	Savings and temporary cash investments		2	73394.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	4700.
	5	Loans and other receivables from any current or former officer, directo	POSITION SENSON CONTINUES AND ADDRESS OF THE PROPERTY OF THE P		
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons	· 大学的工作。1967年1965年1967年1968年1968年1968年1968年1968年1968年1968年1968	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)((B)	6	
ets	7	Notes and loans receivable, net		7	
ssel	8	Inventories for sale or use		8	
d	9	Prepaid expenses and deferred charges		9	5078.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 40544	•		
	b	Less: accumulated depreciation 10b		10c	40544.
9	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
•	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	4425.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	145220.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities	•	20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
iabilities	22	Loans and other payables to any current or former officer, director,	F0/		
pi		trustee, key employee, creator or founder, substantial contributor, or 3s controlled entity or family member of any of these persons			
Lia	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	4500
	25	Other liabilities (including federal income tax, payables to related third		24	4509.
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		25	4509.
S		Organizations that follow FASB ASC 958, check her		20	4309.
ce		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		6-	
Fund Bala	28	Net assets with donor restrictions	•	27	
bul		Organizations that do not follow FASB ASC 958, check here X		28	
F		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30	63456.
155	31	Retained earnings, endowment, accumulated income, or other funds.		31	77255.
		Total net assets or fund balances		32	140711.
ž	32 33	Total liabilities and net assets/fund balances		33	145711.
	THE RESERVE			-	

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

3a

3b

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection **Employer identification number**

Name of the organization					Employer identification	number
OUR DAILY BREAD FOOD		ranizations must cor	malata th		83-2956050 Soc instructions	
Part Reason for Public Cha						
1 A church, convention of church		150 YES NOT HELVE HE			되었다. [18] [18] [18] [18] [18] [18] [18] [18]	
2 A school described in section						
3 A hospital or a cooperative h						
4 A medical research organization hospital's name, city, and sta	tion operated in conj					Enter the
5 An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owne	d or opera	ated by a	governmental unit de	escribed in
6 A federal, state, or local gove	ernment or governme	ental unit described in	section	170(b)(1)(A)(v).	
7 X An organization that normally described in section 170(b)	y receives a substant (1)(A)(vi). (Complete	tial part of its support f	rom a gov	vernmenta	I unit or from the ge	neral public
8 A community trust described	in section 170(b)(1)(A)(vi). (Complete Pa	irt II.)			
An agricultural research organized or university or a non-land-gruniversity:	anization described in rant college of agricu	n section 170(b)(1)(A) Ilture (see instructions	(ix) opera). Enter th	ated in cor ne name, o	ijunction with a land city, and state of the	grant college college or
An organization that normally receipts from activities relate support from gross investme acquired by the organization	ed to its exempt function of the come and unrelated the company of the comp	ions—subject to certain ated business taxable	n excepti income (l	ons, and (ess sectio	2) no more than 33 n 511 tax) from busin	1/3% of its
11 An organization organized at	nd operated exclusiv	ely to test for public sa	afety. See	section	509(a)(4).	
An organization organized at of one or more publicly support Check the box in lines 12a th	orted organizations of	described in section 5	09(a)(1)	or section	1509(a)(2). See sec	tion 509(a)(3).
Type I. A supporting organization the supported organization. You must c	nization operated, sun(s) the power to reg	pervised, or controlled jularly appoint or elect	d by its su	pported o	rganization(s), typica	ally by giving
b Type II. A supporting organization organization to Type II. A supporting organization organization organization (s). You must	f the supporting organ	nization vested in the	ction with	its suppor sons that	ted organization(s), control or manage th	by having ne supported
c Type III functionally inte	grated. A supporting	organization operated	d in conne	ection with	, and functionally int	tegrated with,
d Type III non-functionally that is not functionally interequirement (see instructional Check this box if the argent contractions and the contraction of the contract	integrated. A suppose egrated. The organizations). You must com	orting organization operation generally must samplete Part IV, Section	erated in datisfy a dis	stribution of D, and Pa	equirement and an art V.	attentiveness
e Check this box if the organ functionally integrated, or	Type III non-function	vritten determination frally integrated suppor	om tne in tina organ	ization.	a Type I, Type II, Ty	ype III
f Enter the number of supporte	ed organizations					
g Provide the following information (i) Name of supported organization	tion about the suppor	(iii) Type of organization	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					38193.	38193
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					38193.	38193
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						38193
-	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4					38193.	38193
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
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						38193.
	Gross receipts from related activities, etc. (see	e instructions).				12	
13	First five years. If the Form 990 is for the org	ganization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here.						> X
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2019 (line 6, col	lumn (f) divided b	y line 11, column ((f))		14	0.00%
	Public support percentage from 2018 Schedul					15	0.00%
16a	33 1/3% support test—2019. If the organization and stop here. The organization qualifies as a	on did not check a publicly support	the box on line 13 ed organization.	, and line 14 is 33	1/3% or more, che	ck this box	
b	33 1/3% support test—2018. If the organization box and stop here. The organization qualifies	ion did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	, check this	
17a	10%-facts-and-circumstances test—2019. If 10% or more, and if the organization meets the Part VI how the organization meets the "facts-organization	f the organization he "facts-and-circ and-circumstance	did not check a be cumstances" test, es" test. The organ	ox on line 13, 16a, check this box and nization qualifies as	or 16b, and line 14 d stop here. Expla	ain in ed	
	10%-facts-and-circumstances test—2018. If 15 is 10% or more, and if the organization meets Explain in Part VI how the organization meets supported organization	f the organization eets the "facts-an the "facts-and-cir	did not check a bod-circumstances" test.	ox on line 13, 16a, test, check this bo The organization of	16b, or 17a, and linex and stop here.	ne	
18	Private foundation. If the organization did not instructions	t check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
	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							
	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2010	(a) 2010	(f) Total
	Amounts from line 6		(0) 2010	(0) 2017	(d) 2018	(e) 2019	(f) Total
Iva	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	and 12.)						
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
_	organization, check this box and stop here.						
	tion C. Computation of Public Sup		The state of the s				
15	Public support percentage for 2019 (line 8, co	olumn (f), divided I	by line 13, column	(f))		15	0.00%
16	Public support percentage from 2018 Schedu	ule A, Part III, line	15			16	0.00%
	tion D. Computation of Investmen		The state of the s				
17	Investment income percentage for 2019 (line	e 10c, column (f),	divided by line 13,	column (f))		17	0.00%
18	Investment income percentage from 2018 Sc	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2019. If the organiz	ation did not chec	k the box on line 14	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization		
b	33 1/3% support tests—2018. If the organiz	cation did not chec	k a box on line 14	or line 19a, and line	e 16 is more than	33 1/3%, and	
00	line 18 is not more than 33 1/3%, check this I Private foundation. If the organization did n	box and stop here	e. The organization	qualifies as a pub	licly supported org	anization	
20	Private toundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	S	> X

If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events K OF C FULL PANTRY (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 38,193. 5,000. 33,193. Gross receipts Less: Contributions . . . 3 Gross income (line 1 minus 38,193. 33,193. 5,000. Cash prizes Noncash prizes Direct Expenses Rent/facility costs . . . Food and beverages . . . Entertainment Other direct expenses . . 38,193. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses . . 0.0% 0.0% 0.0% Yes Yes Yes Volunteer labor No No No Enter the state(s) in which the organization conducts gaming activities: If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?...

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar	year 2019, or fisca	al year beginning	, 2019, and ending	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number 83-2956050 OUR DAILY BREAD FOOD PANTRY Name and title of officer JO ANNE LUNDQUIST PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . 211,695 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only authorize ESTHER GULYAS TAX SERVICE I to enter my PIN as my signature 55555 **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date > 05/05/2020 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 16107355555 do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ESTHER GULYAS ERO's signature Date > 12/21/2020

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

USWDET\$1

ID: 83-2956050

Name: OUR DAILY BREAD FOOD PANTRY

Description: DONATIONS	
	Amount
Type	Amount
CHURCHES	36,687.
COMMUNITY DONATIONS	82,834.
GRANTS	39,721.
OTHER DONATIONS	7,841.
	가지 않는데 보고 있다면 보이지 않는데 보다 있다. 이 사람들은 사람들은 이 사람들은 보고 있는데 보고 있다. 나는데 보고
	사이트 사람들은 사람들은 사람들은 나는 사람들은 보고 있는 것이 되었다. 그 사람들이 되었다면 하는 것이 되었다. 그는 사람들은 사람들이 되었다면 하는 것이 없는 것이 없는 것이다.
	전문 : [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15
Total	167,083.
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ID: 83-2956050

Name: OUR DAILY BREAD FOOD PANTRY

Description: SUPPLIES		
	Type	Amount 0. 9.3.1
EQUIPMENT		9,831.
THER SUPPLIES		0,007.
		사람들이 많아 없었다. 그리고 있는 것이 없는 그리고 있다면 없는데 그리고 있는데 그리고 있다면 나는 그리고 그리고 있다면 그리고 있다면 그리고 있다.
		14. 50% 16 B.
Total		17 000
		17,898.

Name: OUR	DAILY	BREAD	FOOD	PANTRY	ID: 83-2956050
Description:	OTHER A	ASSETS			

	Туре	Amount
IFT CARDS		3,025
NDEPOSITED FUNDS		1,400
Total		4,425
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