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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
145 BORDER STREET

City or town, state or country, and ZIP + 4
EAST BOSTON, MA 02128

D Employer identification number
04-2931195

E Telephone number
(617) 723-5000

G Gross receipts $ 8,839,090

F Name and address of Principal Officer
ellen parker
145 BORDER STREET
EAST BOSTON, MA 02128

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ PROJECTBREAD ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1986

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
to alleviate, prevent, and ultimately end hunger in massachusetts

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	64
6	Total number of volunteers (estimate if necessary)	6	2,500
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,543,095	8,816,767
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,764	22,323
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,150,328	-1,269,669
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,747,187	7,569,421
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,233,821	3,219,353
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,101,002	2,139,615
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,334,140)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,203,449	2,376,780
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	7,538,272	7,735,748
19	Revenue less expenses Subtract line 18 from line 12	208,915	-166,327
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	6,168,204	5,844,551
21	Total liabilities (Part X, line 26)	2,012,904	1,855,578
22	Net assets or fund balances Subtract line 21 from line 20	4,155,300	3,988,973

Part II Signature Block

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

Please Sign Here

****** | 2010-08-04
Signature of officer | Date

ELLEN PARKER executive director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CARLA M MCCALL CPA	Date 2010-07-30	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALEXANDER ARONSON FINNING & CO PC 21 EAST MAIN STREET WESTBORO, MA 01581			EIN ▶ Phone no ▶ (508) 366-9100

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

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

1 Briefly describe the organization's mission

to alleviate, prevent, and ultimately end hunger in massachusetts

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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) (Expenses $ 2,436,044 including grants of $) (Revenue $)

HUNGER RELIEF GRANTS FUNDING TO NEARLY 600 FOOD PANTRIES, SOUP KITCHENS, FOOD BANKS, AND FOOD SALVAGE PROGRAMS AND FOOD TRANSPORTATION PROGRAMS

4b (Code) (Expenses $ 2,989,412 including grants of $) (Revenue $)

HOTLINE INFORMATION and REFERRAL SERVICE FOR THE HUNGRY, community EDUCATION, public policy activities, TECHNICAL ASSISTANCE SERVICEs, nutrition research, health center outreach, participation in the new england anti-hunger network, outreach for food stamps, school breakfast, and summer food, distribution of information to increase participation in Massachusetts and federal nutrition programs

4c (Code) (Expenses $ 595,954 including grants of $) (Revenue $)

community outreach create and disseminate numerous publications to educate the community and increase public awareness about issues related to hunger and nutritional issues

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 6,021,410 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent 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**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	25		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	64		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	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			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 17		
b	Enter the number of voting members that are independent . .	1b 11		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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 in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

insource services inc
148 linden st
wellesley, MA 02482
(781) 235-1490

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								377,718	0	37,668

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MAL WARWICK & ASSOCIATES INC 2550 ninth st Ste 103 BERKELey, CA 947102516	DIRECT MAIL SERVICES	694,289
Insource Services PO Box 427 Newton, MA 02464	Financial, HR & High tech consulting	365,250
Katherine L Flaherty ScD 63 Candlebrook Lane south portland, ME 04106	research director	100,925

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 3,792,530				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 1,621,132				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,403,105				
	g	Noncash contributions included in lines 1a-1f $ 62,843				
	h	**Total (Add lines 1a-1f)** . . . . . ▶	8,816,767			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** . . . . . ▶ $				
	3	Investment income (including dividends, interest other similar amounts) . . . . . ▶	22,323			22,323
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . . a 3,792,530				
	b	Less direct expenses . . . b 1,269,669				
	c	Net income or (loss) from fundraising events . . ▶	-1,269,669			-1,269,669
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** . . . . . $				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	7,569,421	0	0	-1,247,346

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U S See Part IV, line 21	3,219,353	3,219,353		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,441	130,584	7,746	46,111
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	1,602,351	1,191,076		310,655
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	172,887	125,665	1,820	45,402
10 Payroll taxes	179,936	144,125	8,881	26,930
11 Fees for services (non-employees)				
a Management				
b Legal	10,170		10,170	
c Accounting	30,617		30,617	
d Lobbying	5,936		5,936	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	528,806	388,085	15,270	125,451
12 Advertising and promotion	70,530	61,435		9,095
13 Office expenses	391,541	197,543	149,597	44,401
14 Information technology				
15 Royalties				
16 Occupancy	109,268	78,699	7,797	22,772
17 Travel	52,549	35,699	12,216	4,634
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest	70,302	51,583	4,486	14,233
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,849	81,933	7,064	22,852
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a printing and postage	848,115	184,624	11,126	652,365
b communication	147,097	131,006	6,852	9,239
c				
d				
e				
d				
e				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	7,735,748	6,021,410	380,198	1,334,140
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,049,937	1	2,001,281
	2	Savings and temporary cash investments		357,350	2	575,503
	3	Pledges and grants receivable, net		200,370	3	100,000
	4	Accounts receivable, net		455,508	4	65,651
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		114,610	9	247,893
	10a	Land, buildings, and equipment cost basis	10a 3,673,856			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 857,877	2,944,406	10c	2,815,979
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets		46,023	14	38,244
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*			15	
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		6,168,204	16	5,844,551
Liabilities	17	Accounts payable and accrued expenses		284,177	17	160,702
	18	Grants payable		90,673	18	100,327
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,638,054	23	1,594,549
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*			25	
	26	**Total liabilities.** *Add lines 17 through 25*		2,012,904	26	1,855,578
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,905,950	27	3,864,874
	28	Temporarily restricted net assets		249,350	28	124,099
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,155,300	33	3,988,973
	34	Total liabilities and net assets/fund balances		6,168,204	34	5,844,551

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,909,385	2,857,634	4,639,872	4,543,095	4,638,745	19,588,731
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 line 1-3	2,909,385	2,857,634	4,639,872	4,543,095	4,638,745	19,588,731
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						66,615
6 **Public Support** subtract line 5 from line 4						19,522,116

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,909,385	109,782	4,639,872	4,543,095	4,638,745	19,588,731
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,404	109,782	68,683	53,764	22,323	351,956
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 IV)						
11 **Total Support** (Add lines 7 through 10)						19,940,687

12	Gross receipts from related activities, etc (See instructions)	12	13,971,986

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**97.900 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**76.200 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
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 30 June, 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
PROJECT BREAD-THE WALK FOR HUNGER INC	04-2931195

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,936	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)	5,936	
d	Other exempt purpose expenditures	7,729,812	
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,735,748	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	536,787	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	134,197	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	419,720	434,520	445,995	536,787	1,837,022
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,755,533
c	Total lobbying expenditures	30,462	12,473	7,000	5,936	55,871
d	Grassroots non-taxable amount	104,930	108,630	111,499	134,197	459,256
e	Grassroots ceiling amount (150% of line d, column (e))					688,884
f	Grassroots lobbying expenditures	2,633	2,733	7,000	5,936	18,302

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		PART II-B, SECTION 501(H) AVERAGING STATEMENT DURING FISCAL YEAR 2009 PROJECT BREAD DID LIMITED LOBBYING AT THE STATE AND FEDERAL LEVEL AT THE FEDERAL LEVEL, PROJECT BREAD LOBBIED MEMBERS OF THE MA CONGRESSIONAL DELEGATION REGARDING FEDERAL LEGISLATION AIMED AT REDUCING HUNGER IN THE UNITED STATES OUR FOCUS WAS ON REAUTHORIZATION OF THE FARM bILL, SUPPORT OF EXTENDING THE LUGAR PILOT PROGRAMS DOE SUMMER FOOD PROGRAMS FOR NEEDY CHILDREN, AND SUPPORT OF LEGISLATION TO IMPROVE THE QUALITY OF SCHOOL MEALS AT THE STATE LEVEL, PROJECT BREAD LOBBIED THE GOVERNOR'S OFFICE AND/OR THE STATE LEGISLATURE FOR FUNDING TO INCREASE ACCESS TO FEDERAL NUTRITION PROGRAMS AND FOR LEGISLATION THAT WOULD IMPROVE THE QUALITY FOR FOOD IN PUBLIC SCHOOLS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the 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 on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings		3,171,062	513,058	2,658,004
c Leasehold improvements				
d Equipment		366,243	324,907	41,336
e Other		36,551	19,912	16,639
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,815,979

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,569,421
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,735,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-166,327
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-166,327

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,719,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	150,457		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	150,457
3	Subtract line **2e** from line **1**			3	7,569,421
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,569,421

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,886,205
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	150,457		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	150,457
3	Subtract line **2e** from line **1**			3	7,735,748
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,735,748

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WALK FOR HUNGER/PLEDGE WALK (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	3,792,530			3,792,530
	2 Less Charitable contributions	3,792,530			3,792,530
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	64,372			64,372
	7 Other direct expenses	1,205,297			1,205,297
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				1,269,669
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-1,269,669

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2931195
Name: PROJECT BREAD-THE WALK FOR HUNGER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A Place to Turn Inc99 Hartford Street Natick, MA 01760	04-2790777	501(c)(3)	5,825		fair market value		hunger prevention
ABCD Parker HillFenway NSC714 Parker Street Roxbury, MA 02120	04-2304133	501(C)(3)	9,000		fair market value		hunger prevention
AIDS Action Committee of Massachusetts294 Washington Street 5th Floor Boston, MA 02108	22-2707246	501(C)(3)	8,500		fair market value		hunger prevention
Allston Brighton Food Pantry 404 Washington Street Brighton, MA 02135	04-2225847	501(C)(3)	14,425		fair market value		hunger prevention
Asian American Civic Association87 Tyler Street Boston, MA 02111	04-2476258	501(C)(3)	7,000		fair market value		hunger prevention
Berkshire Food ProjectPO Box 651 North Adams, MA 01247	02-2956660	501(C)(3)	6,600		fair market value		hunger prevention
Boston Medical Center801 Massachusetts Avenue Boston, MA 02118	04-3314093	501(C)(3)	20,000		fair market value		hunger prevention
Boston Rescue Mission Inc PO Box 120069 Boston, MA 02212	04-2104726	501(C)(3)	9,200		fair market value		hunger prevention
Boys and Girls Club of Greater HolyokePO Box 6256 Holyoke, MA 01041	04-2103792	501(C)(3)	6,000		fair market value		hunger prevention
Bread and Roses58 Newbury Street Lawrence, MA 01840	04-2768119	501(C)(3)	11,900		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bread of Life511 Main Street Malden, MA 02148	22-3199801	501(C)(3)	18,000		fair market value		hunger prevention
Bridge Over Troubled Waters Inc47 West St Boston, MA 02111	04-2472126	501(C)(3)	15,300		fair market value		hunger prevention
Cambridge Economic Opportunity Committee11 Inman Street Cambridge, MA 02139	04-2378175	501(C)(3)	26,700		fair market value		hunger prevention
Catholic Charities-El Centro del Cardenal76 Union Park Street Boston, MA 02118	04-2534041	501(C)(3)	14,000		fair market value		hunger prevention
Catholic Charities - Merrimack Valley70 Lawrence Street Lowell, MA 01852	04-2534041	501(C)(3)	20,875		fair market value		hunger prevention
Central Food Ministry Inc 370 West Sixth Street Lowell, MA 01850	04-3228313	501(C)(3)	6,000		fair market value		hunger prevention
Centro Las Americas11 Sycamore Street Worcester, MA 01608	04-2714991	501(C)(3)	10,000		fair market value		hunger prevention
Church of God of Prophecy PO Box 190875 Roxbury, MA 02119	04-3171103	501(C)(3)	8,000		fair market value		hunger prevention
Citizens for Citizens Inc - Taunton264 Griffin St Fall River, MA 02724	04-6134724	501(C)(3)	33,500		fair market value		hunger prevention
City of Cambridge Council on Aging806 Massachusetts Avenue Cambridge, MA 02139	04-6001393	501(C)(3)	7,225		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Codman Square Health Center637 Washington Street Boston, MA 02124	04-2678774	501(C)(3)	8,600		fair market value		hunger prevention
Community Action Drop In Center145 Essex Street Haverhill, MA 01832	04-2383153	501(C)(3)	6,350		fair market value		hunger prevention
Community Care Services 70 Main Street Taunton, MA 02780	04-2506078	501(C)(3)	7,400		fair market value		hunger prevention
Saturday's and Sunday's Bread52 Ackers Avenue Brookline, MA 02445	20-0077536	501(C)(3)	10,000		fair market value		hunger prevention
Shepherd's Pantry IncPO Box 760 Fairhaven, MA 02719	52-2374357	501(C)(3)	7,000		fair market value		hunger prevention
Somerville Homeless CoalitionPO Box 440436 Somerville, MA 02144	04-2897447	501(C)(3)	20,000		fair market value		hunger prevention
South Middlesex Opportunity Council300 Howard Street Framingham, MA 01702	04-2389659	501(C)(3)	14,800		fair market value		hunger prevention
St Francis House39 Boylston Street Boston, MA 02116	22-2519129	501(C)(3)	20,000		fair market value		hunger prevention
St James Episcopal Church1991 Massachusetts Avenue Cambridge, MA 02140	31-1629166	501(C)(3)	6,000		fair market value		hunger prevention
St Joseph's Food Cellar 208 South Main Street Attleboro, MA 02703	04-2310926	501(C)(3)	6,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Katharine Drexel Parish175 Ruggles Street Roxbury, MA 02120	20-2729200	501(C)(3)	12,575		fair market value		hunger prevention
St Mary's Episcopal Church Food Pantry14 Cushing Avenue Dorchester, MA 02125	04-6006459	501(C)(3)	5,425		fair market value		hunger prevention
St Paul AME Church Food Pantry185 Groton Road Cambridge, MA 02138	22-2508218	501(C)(3)	7,250		fair market value		hunger prevention
Watertown Food Pantry30 Common Street Watertown, MA 02472	04-6001340	501(C)(3)	7,700		fair market value		hunger prevention
Weymouth Council for the HungryPO Box 890009 Weymouth, MA 02189	04-3099272	501(C)(3)	16,950		fair market value		hunger prevention
Woburn Council of Social Concern Inc2 Merrimack Street Woburn, MA 01801	04-2494773	501(C)(3)	10,000		fair market value		hunger prevention
Women's Lunch PlacePO Box 1130 Boston, MA 02117	22-2514148	501(C)(3)	14,200		fair market value		hunger prevention
Worcester County Food Bank474 Boston Turnpike Shrewsbury, MA 01545	04-3071457	501(C)(3)	20,000		fair market value		hunger prevention
Community Servings - Jamaica Plain18 Marbury Terrace Jamaica Plain, MA 02103	22-3154028	501(C)(3)	21,000		fair market value		hunger prevention
Coyle & Cassidy High School Food Pantry2 Hamilton Street Taunton, MA 02780	04-2131417	501(C)(3)	8,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dorchester House Multi-Service Center1353 Dorchester Avenue Dorchester, MA 02122	23-7125970	501(C)(3)	20,700		fair market value		hunger prevention
Ecumenical Food Pantry of Norwood150 Chapel Street Norwood, MA 02062	22-3015795	501(C)(3)	6,000		fair market value		hunger prevention
Emmaus IncPO Box 568 Haverhill, MA 01831	22-2702774	501(C)(3)	7,000		fair market value		hunger prevention
Esther R Sanger Center for CompassionPO Box 31 Quincy, MA 02170	04-2798929	501(C)(3)	16,000		fair market value		hunger prevention
Falmouth Service Center PO Box 208 Falmouth, MA 02541	22-2509781	501(C)(3)	14,100		fair market value		hunger prevention
Family Pantry Corporation 133 Queen Ann Rd Harwich, MA 02645	22-3079904	501(C)(3)	9,050		fair market value		hunger prevention
Father Bill's Place422 Washington Street Quincy, MA 02169	22-2538039	501(C)(3)	15,000		fair market value		hunger prevention
Food Bank of Western MassachusettsPO Box 160 Hatfield, MA 01038	04-2751023	501(C)(3)	20,000		fair market value		hunger prevention
Food for Free Committee 11 Inman Street Cambridge, MA 02139	22-2561771	501(C)(3)	12,000		fair market value		hunger prevention
Fourth Presbyterian Church340 Dorchester Street South Boston, MA 02127	22-2525921	501(C)(3)	7,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Franklin County Community MealsPO Box 172 Greenfield, MA 01302	22-3027098	501(C)(3)	7,000		fair market value		hunger prevention
Friday Night Supper Program351 Boylston Street Boston, MA 02116	04-3238043	501(C)(3)	12,700		fair market value		hunger prevention
Friendly House Inc36 Wall Street Worcester, MA 01604	04-2104239	501(C)(3)	10,000		fair market value		hunger prevention
Grace and Hope Mission Inc1900 Columbus Avenue Boston, MA 02119	52-6045537	501(C)(3)	9,000		fair market value		hunger prevention
Grant AME Church - Self-Help Inc1906 Washington Street Boston, MA 02118	22-2481403	501(C)(3)	10,000		fair market value		hunger prevention
Greater Boston Food Bank 99 Atkins Street Boston, MA 02118	04-2717782	501(C)(3)	20,000		fair market value		hunger prevention
Greater Fall River Community Food Pantry 228 North Street Fall River, MA 02720	22-3128989	501(C)(3)	10,000		fair market value		hunger prevention
Haley House Inc23 Dartmouth Street Boston, MA 02116	04-2437845	501(C)(3)	15,000		fair market value		hunger prevention
Harborside Community CenterSchool Council312 Border Street East Boston, MA 02128	04-2764692	501(C)(3)	6,000		fair market value		hunger prevention
Harvard Street Neighborhood Health Center632 Blue Hill Avenue Dorchester, MA 02121	04-2600042	501(C)(3)	16,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Haven from HungerPO Box 46 Peabody, MA 01960	22-2604982	501(C)(3)	17,000		fair market value		hunger prevention
Healthy BabyHealthy Child Program35 Northampton Street 5th Floor Boston, MA 02126	04-3316655	501(C)(3)	6,000		fair market value		hunger prevention
Hebron Village Outreach CenterPO Box 92 Attleboro, MA 02703	04-3521011	501(C)(3)	6,000		fair market value		hunger prevention
Hilltown Churches Food PantryPO Box 161 Ashfield, MA 01330	04-3045667	501(C)(3)	6,000		fair market value		hunger prevention
Holy Redeemer Cathedral 44 Prospect Street Springfield, MA 01107	04-3476865	501(C)(3)	8,000		fair market value		hunger prevention
Hunger Commission of Southeastern Mass105 William Street New Bedford, MA 02740	04-2104264	501(C)(3)	10,000		fair market value		hunger prevention
Hyde Park Food Pantry45 Woodley Avenue West Roxbury, MA 02132	04-3465754	501(C)(3)	7,700		fair market value		hunger prevention
Interseminarian Project Place1145 Washington Street Boston, MA 02118	04-2457732	501(C)(3)	6,400		fair market value		hunger prevention
Kit Clark Senior Services 1500 Dorchester Avenue Dorchester, MA 02122	46-0516856	501(C)(3)	16,000		fair market value		hunger prevention
Lazarus House IncPO Box 408 Lawrence, MA 01840	04-2755382	501(C)(3)	16,500		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lowell Transitional Living Center Inc189 Middlesex Street Lowell, MA 01852	04-2881348	501(C)(3)	8,000		fair market value		hunger prevention
Lynn City Mission10 Baltimore Street Lynn, MA 01092	04-3102783	501(C)(3)	7,900		fair market value		hunger prevention
MainSpring Inc422 Washington Street Quincy, MA 02169	22-2538039	501(C)(3)	12,000		fair market value		hunger prevention
Margaret Fuller Neighborhood House71 Cherry Street Cambridge, MA 02139	04-2103782	501(C)(3)	12,000		fair market value		hunger prevention
Market Ministries Inc60 Eighth Street New Bedford, MA 02740	22-2489509	501(C)(3)	10,000		fair market value		hunger prevention
Marlborough Community Services Inc255 Main Street Marlborough, MA 01752	04-3134736	501(C)(3)	5,500		fair market value		hunger prevention
Massachusetts Avenue Baptist Church146 Hampshire Street Cambridge, MA 02139	04-2810611	501(C)(3)	9,000		fair market value		hunger prevention
Merrimack Valley Food Bank735 Broadway Street Lowell, MA 01854	22-3241609	501(C)(3)	21,210		fair market value		hunger prevention
Ministerio Los Milagros de JesusPO Box 2012 Methuen, MA 01844	04-3290504	501(C)(3)	8,000		fair market value		hunger prevention
Mt Calvary Holy Church9-17 Otisfield Street Dorchester, MA 02121	04-2867778	501(C)(3)	8,850		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
My Brother's Table99 Willow Street Lynn, MA 01902	04-2794047	501(C)(3)	20,000		fair market value		hunger prevention
Neighbors in Need Food PantryPO Box 447 Lawrence, MA 01842	22-2481699	501(C)(3)	20,000		fair market value		hunger prevention
Neponset Health Center 398 Neponset Avenue Dorchester, MA 02122	23-7100550	501(C)(3)	5,500		fair market value		hunger prevention
Northampton Survival Center265 Prospect Street Northampton, MA 01060	04-2774166	501(C)(3)	8,000		fair market value		hunger prevention
Open DoorCape Ann Food Pantry28 Emerson Ave Gloucester, MA 01930	22-2513482	501(C)(3)	13,000		fair market value		hunger prevention
Open Pantry Community Services IncPO Box 5127 Springfield, MA 01101	52-1084599	501(C)(3)	21,100		fair market value		hunger prevention
Open Pantry of Greater Lowell200 Central Street Lowell, MA 01852	22-2474729	501(C)(3)	10,450		fair market value		hunger prevention
Open Table IncPO Box 42 Concord, MA 01742	04-3048933	501(C)(3)	10,000		fair market value		hunger prevention
Our Daily Bread Soup KitchenPO Box 149 Taunton, MA 02780	04-1104156	501(C)(3)	8,000		fair market value		hunger prevention
Our Neighbors' TablePO Box 592 Amesbury, MA 01913	04-3153941	501(C)(3)	9,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Paulist Center5 Park Street Boston, MA 02108	04-2012978	501(C)(3)	20,000		fair market value		hunger prevention
Philoxenia House162 Goddard Avenue Brookline, MA 02445	13-1632516	501(C)(3)	9,075		fair market value		hunger prevention
Pine Street Inn444 Harrison Avenue Boston, MA 02118	04-2516093	501(C)(3)	20,000		fair market value		hunger prevention
Project Care and Concern 540 Columbia Road Dorchester, MA 02125	23-7293406	501(C)(3)	9,625		fair market value		hunger prevention
Quincy Community Action Programs Inc 1509 Hancock Street Quincy, MA 02169	04-2391348	501(C)(3)	29,850		fair market value		hunger prevention
Rachel's Table633 Salisbury Street Worcester, MA 01609	04-2104363	501(C)(3)	12,000		fair market value		hunger prevention
Refuge and Relief Ministry IncPO Box 024189 Boston, MA 02124	04-3185678	501(C)(3)	12,600		fair market value		hunger prevention
Rosie's Place889 Harrison Avenue Boston, MA 02118	04-2582187	501(C)(3)	20,000		fair market value		hunger prevention
Salem Mission56 Margin St Salem, MA 01970	20-4539306	501(C)(3)	6,000		fair market value		hunger prevention
Salvation Army - Cambridge CorpsPO Box 390647 Cambridge, MA 02139	04-2103624	501(C)(3)	6,800		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross - Mass Bay(Food Drive) 1033 Mass Avenue Boston, MA 02118	04-3098406	501(C)(3)	332,493		fair market value		hunger prevention
East Boston Neighborhood Health Center10 Gore Street East Boston, MA 02128	23-7425849	501(C)(3)	8,253		fair market value		hunger prevention
Greater Lawrence Family Health Center34 Haverhill Street Lawrence, MA 01841	04-2708824	501(C)(3)	6,000		fair market value		hunger prevention
Holyoke Health Center 230 Maple St PO Box 6260 Holyoke, MA 01041	04-2492730	501(C)(3)	6,000		fair market value		hunger prevention
Lowell Community Health Center586 Merrimack Street Lowell, MA 01854	04-2881348	501(C)(3)	6,000		fair market value		hunger prevention
Lynn Community Health Center269 Union Street Lynn, MA 01905	04-2525066	501(C)(3)	22,900		fair market value		hunger prevention
Southern Jamaica Plain Health Center640 Centre Street Jamaica Plain, MA 02130	04-2312909	501(C)(3)	14,300		fair market value		hunger prevention
Upham's Corner Health Center415 Columbia Road Dorchester, MA 02125	23-7211732	501(C)(3)	10,000		fair market value		hunger prevention
Action for Boston Community Dev Inc105 Chauncy Street Boston, MA 02119	04-2304133	501(C)(3)	11,700		fair market value		hunger prevention
Avance Inc70 White Street East Boston, MA 02128	20-5957417	501(C)(3)	11,700		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action FCFH Greenfield 393 Main Street Greenfield, MA 01301	04-2384972	501(C)(3)	17,200		fair market value		hunger prevention
Family Health Center of Worcester Inc 26 Queen Street Worcester, MA 01610	04-2485308	501(C)(3)	20,700		fair market value		hunger prevention
Lynn Economic Opportunity 156 Broad Street Lynn, MA 01901	04-2378885	501(C)(3)	11,700		fair market value		hunger prevention
Worcester Community Action Council Inc 484 Main Street Worcester, MA 01608	04-2382160	501(C)(3)	11,700		fair market value		hunger prevention
East Boston Ecumenical Community Council PO Box 450 East Boston, MA 02128	04-2774242	501(C)(3)	6,000		fair market value		hunger prevention
Boston Public Health Comm 1010 Massachusetts Ave - 2nd Floor Boston, MA 02118	04-3316655	501(C)(3)	88,111		fair market value		hunger prevention
MGH - Chelsea Healthcare Center 300 Ocean Avenue Revere, MA 02151	04-2697983	501(C)(3)	32,097		fair market value		hunger prevention
South Shore Community Action Council Inc 265 South Meadow Road Plymouth, MA 02360	04-6125732	501(C)(3)	6,000		fair market value		hunger prevention
Black Ministerial Alliance 2326 Washington Street roxbury, MA 02119	04-3499852	501(C)(3)	12,000		fair market value		hunger prevention
Boston Public Schools Food&Nutrition Svs 11B Charles Street dorchester, MA 02122	04-6001380	501(C)(3)	8,000		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Senior Home Care 89 south street boston, MA 02111	04-2546251	501(C)(3)	7,350		fair market value		hunger prevention
Boys & Girls Club of Middlesex County181 washington street somerville, MA 02143	23-7072768	501(C)(3)	7,000		fair market value		hunger prevention
Brockton Neighborhood Health Center63 Main Street brockton, MA 02301	04-3165044	501(C)(3)	9,000		fair market value		hunger prevention
Brookside Community Health Center3297 Washington Street jamaica Plain, MA 02130	04-2312909	501(C)(3)	17,000		fair market value		hunger prevention
Catholic Charities Greater Boston185 Columbia Road dorchester, MA 02121	04-2534041	501(C)(3)	20,000		fair market value		hunger prevention
Central Boston Elder Services2315 Washington Street boston, MA 02119	04-2546441	501(C)(3)	9,870		fair market value		hunger prevention
MGH - Revere Health Center300 Ocean Avenue revere, MA 02151	04-2697983	501(C)(3)	9,000		fair market value		hunger prevention
Root Cause675 Mass Ave cambridge, MA 02139	20-0703238	501(C)(3)	180,000		fair market value		hunger prevention
Town of Randolph70 Memorial Parkway RAndolph, MA 02368	04-6001275	501(C)(3)	6,100		fair market value		hunger prevention
Tri-City Community Action Program Inc110 Pleasant Steet MAlden, MA 02148	04-2658101	501(C)(3)	5,750		fair market value		hunger prevention

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vietnam Veterans Workshop Inc17 Court Street BOston,MA 02108	04-3007211	501(C)(3)	10,000		fair market value		hunger prevention

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ELLEN PARKER	(i) (ii)	183,818				623	184,441	179,873
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
steven grossman	member of the board of directors and president of grossman marketing group	50,119	project bread purchased printing services and supplies from grossman marketing group		No
timothy o'brien	member of the board of directors and senior vice president of blue cross	254,840	blue cross blue shield of massachusetts is the provider of project bread health insurance		No
thomas o'neill III	board member and ceo of o'neill and associates	66,174	project bread has a contract with o'neill and associates		No
jean mcmurrary	board member executive director of the worcester county food bank	20,000	The Worcester County Food Bank receives grant funding from Project Bread		No
william kennedy	board member and partner, nutter mcclennan & fish, llp	8,254	Project Bread receives legal services from Nutter, McClennen and Fish, LLP		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	8	57,211	fair market value
20	Drugs and medical supplies	X	1	2,000	fair market value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe decorations)	X	5	3,632	fair market value
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 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* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PROJECT BREAD-THE WALK FOR HUNGER INC

Employer identification number
04-2931195

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the project bread audit and finance committees review the form 990 before it is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		project bread monitors and enforces compliance with the conflict of interest policy by having annual certifications

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive directors salary is determined by the Board of Directors If there is no action on the part of the Board, then the Executive Director receives the same salary increase (if any) on a percentage basis as the rest of the staff Periodically, the Board may request a salary survey of similar positions at similar organizations

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		project bread makes its governing documents, conflict of interest policy, and financial statements available to the public through guidestar and its own website

Identifier	Return Reference	Explanation
		project bread has an audit committee responsbile for the oversight of the audit

Additional Data

Software ID:
Software Version:
EIN: 04-2931195
Name: PROJECT BREAD-THE WALK FOR HUNGER INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN PARKER , EXECUTIVE DIRECTOR	35 00	X		X				183,818	0	623
ROBERT E TRAVAGLINI , board chair	4 00	X						0	0	0
Marla M Capozzi , board vice chair	4 00	X						0	0	0
Mitchel Appelbaum , board treasurer	4 00	X						0	0	0
James T Brett , Board Member	4 00	X						0	0	0
JEFFREY N CARP , Board Member	4 00	X						0	0	0
MICHAEL CARSON , Board Member	4 00	X						0	0	0
STEVEN GROSSMAN , Board Member	4 00	X						0	0	0
HARRISON E HOLBROOK III , Board Member	4 00	X						0	0	0
WILLIAM F KENNEDY , Board Member	4 00	X						0	0	0
RONALD E KLEINMAN MD , Board Member	4 00	X						0	0	0
JEAN G MCMURRAY , Board Member	4 00	X						0	0	0
THOMAS P O'NEILL III , Board Member	4 00	X						0	0	0
ERIC B RIMM SCD , Board Member	4 00	X						0	0	0
JAMES E ROONEY , Board Member	4 00	X						0	0	0
ALBERTO VASALLO III , Board Member	4 00	X						0	0	0
Timothy J OBrien , board member	4 00	X						0	0	0
RITA GUASTELLA , director of communicatio	35 00					X		103,900	0	14,990
Margaret Sloat , director of development	35 00					X		90,000	0	22,055
Diane M Dickerson , director of emergency fo	35 00						X	84,398	0	2,100