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Form 990

Return of Organization Exempt From Income Tax

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

nue Code (except black lung

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

A	For th	ne 2009 ca	alendar	year, or tax yea	r beginning		2009, aı	nd ending			, 20		
В	Check if	applicable	Please	C Name of organiz	ation Our Daily	Bread, Inc.				D Employ	yer identification	number	
_		s change	use IRS label or	Doing Business	As					52	159625	59	
		change	print or	Number and street	(or PO box if mail a	s not delivered to street add	iress)	Room/suite		E Teleph	one number		
	nıtıal re		type See	10777 Main S	treet			3	20	(703)	273-882	29	
	Termina		Specific Instruc-	City or town, sta	ate or country, and	ZIP + 4			_				
_		ed return	tions	Fairfax, VA 2	2030-6903					G Gross re	eceipts \$ 5	16,584	
		on pending	F Nam	ne and address of p	orincipal officer	Lisa Whetzel			H(a) is the	s a oroun return	n for affiliates? Yes		
		, ,	same a	as C above					1		included? Tyes		
ī	Tax-ex	cempt status	5 🗾 5	01(c) (3) ◄ (inse	rt no) 🔲 4947(a)(1) or			1		list (see instruction		
J	Webs	ite: ► wy	vw.our-	-daily-bread.or	g ,				H(c) Group	exemption nu	mber►		
K	Form of	f organization	✓ Corpo	oration 🔲 Trust 🔲	Association 🗌 Oth	er 🕨	L Year	of formation	1988	M State o	f legal domicile V	A	
Pa	irt I	Summ	ary				•						
B	1	Briefly de	escribe	the organization	n's mission or	most significant a	ctivities	:					
		Our Dail	Briefly describe the organization's mission or most significant activities: Our Daily Bread, Inc.'s mission is to identify and address the unmet fundamental needs of Fairfax County, VA										
22		resident	residents and empower the community to help our neighbors maintain self-sufficiency.										
Z		••	•										
SAMINATE COMMINICA	2	Check this	box ►[if the organizat	on discontinued it	s operations or dispose	d of more	than 25% o	of its net ass	ets.			
	3	Number	of votin	g members of	the governing	body (Part VI, line	1a)			. 3		9	
<u>س</u>	4			~		he governing body	•			. 4		9	
<u> </u>	1		-	employees (Pa			•	•		5		9	
₽				volunteers (es						6		1,600	
eo						Part VIII, column (. 7a		0	
20						Form 990-T, line 3		<u> </u>	<u> </u>	. 7b		0	
2010	İ								Prior Y	ear	Current Ye	ar	
	8	Contribut	tions an	nd grants (Part	VIII, line 1h)			L		484,159	4	93,585	
Š				revenue (Part				L		0		21,184	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)								626		1,815	
Œ			Other reve <u>pue (Part VI</u> II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							1,223		0	
	12	Total reve	enue – a	dolines 8 thrpq	gb 11 (must eq	ual Part VIII, columr	(A), line	: 12)		486,008	5	16,584	
	13	Grants a	nd sຫົ້າໄ	lar amounts pa	or Part JX Col	umn (A), lines 1-3)				258,268	3	14,912	
	14	Benefits	pald to	gr far member	s (Part) colu	ımn (A), line 4) .		<u>L</u>		. 0		0	
ses	15	Salaries,	other co	m pensation em	Dôge dênefits	s (Part IX, column (A), lines 5	i–10) L		108,810	1:	38,958	
Expenses						A), line 11e)		L		0		0	
X	Ь	Total fund	raising	expenses (Part	iX, column (D),	line 25) ▶	39,0	88		, , , , , , , , , , , , , , , , , , ,			
	17	Other ex	penses	Part X colum	r (A), lines 11	a-11d, 11f-24f) .		<u>L</u>		31,985		54,499	
						Part IX, column (A		25) 🗀		399,063	5	08,369	
		Revenue	less exp	oenses Subtrac	t line 18 from li	ne 12				86.945		8,215	
3 or								Be	ginning of C	urrent Year	End of Yea	ar	
Assets 1 Baland	20	Total ass	sets (Pa	rt X, line 16) .						232,709	2	43,263	
A As	21	Total liab	ollities (F	Part X, line 26)						10,545		12,885	
Net	22			nd balances. S	Subtract line 21	from line 20				222,164	2	<u>30,378</u>	
Pá	art II		ature l										
		Under pe	enalties of	perjury, I declare to	hat I have examine	d this return, including a of preparer (other than	ccompany	ying schedul	es and state	ments, and t	to the best of my k	nowledge	
		1 17 50			ipiete Deciaration	or preparer (other trial)	Officer) is	based on a	ı mormation	or willon pi	eparer has any kii	Owledge	
Się	jn 💮	I WA	W-	KOSL_						-11-20	DID		
He	re	Fign	ature of o	` ~					Dat	te			
			<u>ennite</u>	er Rose	Measure	2					<u> </u>		
		Туре	or print	name and title		<u> </u>				,			
		Preparer					Date	Cher self-	ck if		dentifying number		
Paid	j	signature						awiiaj					
	- parer's	sl					L						
	Only	Firm's na	ame (or yo noloved).	ours	<u></u>				EIN	>			
	,		and ZIP -	+ 4 🖊					Phone n	no > ()		

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Our Daily Bread's (ODB) mission is to identify and address the unmet fundamental needs of Fairfax County, Virginia residents and empower the community to help our neighbors maintain self-sufficiency.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe these changes on otherdie of. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 229,057 including grants of \$ 199,373) (Revenue \$ 0) Food Program - ODB's Food Program consists of a food outreach program and a food pantry. For our food outreach
	program, our staff coordinates 30 participating volunteer organizations to collect, bag and deliver groceries and household items to approx. 30 families every week. In 2009, volunteer organizations donated over \$140,000 of food and household items. We also operate 2 food pantries where we collect and distribute donated food and household items. We use the food pantry as well as donated grocery gift cards (cards are either donated to us or we
	purchase cards with donor contributions) to provide food and other items when we do not have a volunteer
	organizations to cover one of our weekly grocery deliveries in the food outreach program or to cover families that are on the waitlist for our weekly food outreach program deliveries.
	For the third year, ODB has partnered with a corporate sponsor to create a drop-off site for food donations and ODB has invited local food pantries to participate in the food drive.
	In total, ODB provided food assistance to 345 families in 2009.
41.	(0.1)
4D	(Code:) (Expenses \$ 85,902 including grants of \$ 60,636) (Revenue \$ 0) Special Projects - ODB operates two main special projects:
	a) Back to School - ODB solicited donations and adoptions from individuals, corporations and community groups to provided back-to-school supplies for children in the Fairfax County area. In 2009, we provided back-to-school
	supplies to over 250 children. Some children were "adopted" by donors and their purchase of school supplies and school clothes to the children are included in our grant amount if the donor provided a store receipt to ODB. For
	children not adopted, ODB purchased \$5,400 of Office Depot gift cards to be used to shop for school supplies.
	b) Holidays - Fairfax Country granted ODB \$25,000 to coordinate the holiday programs for the country. The Holiday
	project matches families in need to local community groups, businesses and individuals willing to "adopt" a family
	and provide meals and gifts. For families not matched, ODB provided gift cards (donated to us or purchased using \$25,000 grant proceeds or donor cash contributions). Donations from organizations or individuals that adopted a
	family were included in our grant amount only if the donor provided a store receipt. In 2009, we served more than 3,700 families in the Holiday project.
4c	(Code:) (Expenses \$ 59,844 including grants of \$ 54,903) (Revenue \$ 0)
	Financial Assistance - ODB staff coordinates volunteers for the Financial Assistance Program. Volunteers answer calls from referring social agencies (from Fairfax County, Fairfax County Public Schools and other county nonprofit
	agencies) and evaluate requests for financial assistance grants. We generally provide one-time financial assistance
	grants in the range of \$100 to \$200 to meet the basic needs such as rent, utilities, car repairs and medical bills. In total, ODB provided almost \$55,000 in financial assistance grants to 279 families in 2009.
	Other program services. (Describe in Schedule O.) (Expenses \$ 43,670 including grants of \$ 0) (Revenue \$ 21,184)
40	Total program service expenses > 449,472

Par	t 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	\	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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	✓	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	√	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	* .	, ^	*
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		ğ	, &
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			- 1 18
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		•	, pa
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		*	\$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	, *		** 8 -, (
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		✓
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		√
36	Section 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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		
38	Part VI	37	1	✓_

Pai	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10	√	
_	gaming (gambling) winnings to prize winners?	1c	V	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	<u>✓</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
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		1
ь	If "Yes," enter the name of the foreign country: ▶			Ť
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
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).	į.		raji.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 3		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	The state of the s			
b 11	- The state of the			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10-		
ıza b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

	990 (2009) t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7h h		Page (
لتحم	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>
	any other officer, director, trustee, or key employee?	_2		✓
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		1
6	Does the organization have members or stockholders?	6	 	✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70		
	of the governing body?	7a 7b		1
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	- 1B		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	-		1
•	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		Ť	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation about policies not required by the Internation about policies and required by the Internation about policies are	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	l	_	
	form?	11	✓	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		8,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	ļ
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	√	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	400		
12	describe in Schedule O how this is done	12c 13		1
13	Does the organization have a written whistleblower policy?	14		1
14 15	Does the organization have a written document retention and destruction policy?	17		-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b		1
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			I
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>	L	<u> </u>
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Virginia			
18	Section 6104 requires an organization to make its Forms 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 inte	erest	

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

Lynn Smith, 4522 Hazelnut Court, Chantilly, VA 20151, 703-378-5472

policy, and financial statements available to the public.

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)	l l	Juli		C)		iii CC		(D	15
Name and Title	Average	Dood	(•	Ab -A		(D)	(E)	(F)
Name and Title	hours per week			Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Heather Brown Director (no longer serves)	2	√						0	0	0
Howard Cunningham, Jr. Director	2	1						0	0	0
Richard Haynes Director	2	1						0	0	0
Anne Kanamine Director (no longer serves)	2	1						0	0	0
Linda Lees Director	2	√						0	0	0
Molly Novotny Director	2	1						0	0	0
Amy Reece Director (no longer serves)	2	1		_				0	0	0
Gunjan Sharma Director	2	1						0	0	0
James Tarry Director	2	1						0	0	0
Heidi Whiteree <u>Director (no longer serves)</u>	2	1						0	0	0
Michael Hatheway President	4			1				0	0	0
Laura Taborek Vice-President	4			1				0	0	0
Jill Kerr Co-President (no longer serves)	4			1				0	0	0
Narayani Siva Co-President (no longer serves)/Director	4	1	_	1				0	0	0
Jennifer Rose Treasurer	4			1				0	0	0
Lisa Whetzel Executive Director	40			1				45,000	0	0

Part	Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	, an	d Hig	hes	t Compensate	d Employees (co	ntinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per				т_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	,										
		·									
1b	Total						· .	>	45,000	0	0
2	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited ation ► 0	to the	ose	liste	ed a	above) wł	no received mo	ore than \$100,0	00 in
3	Did the organization list any former office	. director	~								Yes No
	employee on line 1a? If "Yes," complete Se	chedule J :	for su	ch	ındı	vidu	ıal .				3 🗸
	For any individual listed on line 1a, is the s the organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue	 comp olete S	oen: S <i>ch</i>	satio edu	on f de J	from a	any ach		anization for	5 1
	tion B. Independent Contractors		_						<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>
1	Complete this table for your five highest cocompensation from the organization.	ompensate	d indi	epe	nde	nt c	contra	icto	rs that received	d more than \$10	00,000 of
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
N/A				_			_				
							_				
								_			
	Total number of independent contractors (in more than \$100,000 in compensation from					to 1	those	liste	ed above) who	received	2)

Par	t VIII	Statement of Rev	enue/						T .
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts	1a	Federated campaigns		1a	1,078				
g and		Membership dues		1b	0				
ts, an	С	Fundraising events .		1c	0				
ig is	d	Related organizations		1d	0				
sin's	е	Government grants (contrib	outions).	1e	101,998				
ă Ę	f	All other contributions, gifts, gi	rants,						
흉럁		and similar amounts not include		1f	390,509				
Contributions, gand other simil-	9	Noncash contributions included			206,308	400 505			
	- 11	Total. Add lines 1a-1f		' ' '	Business Code	493,585			
an a		Empty Bowl event		}	900099	19,764	15,364	0	4,400
ě	2a	Financial class-partici	nant fee	}	611600	1,420	1,420	0	4,400
9	b		* · · · · · · · · · · · · · · · · · · ·		011000	1,420	1,420	<u> </u>	
ez.	"	d							22.2
S E	L u								
Program Service Revenue	f	All other program service							
<u>F</u> _	g	Total. Add lines 2a-2f	<u> </u>		•	21,184	* ,		, ,
	3	Investment income (incl	udina divid	dends.	interest, and				
						1,815	1,815	0	0
	4	Income from investment of				0	0	0	0
	5	Royalties	<u> </u>	· · ·		0	0	0	0
	i		(i) Real		(ii) Personal	1	· · ;	ļ.	1
		Gross Rents		0	0		-		
	1	Less: rental expenses		0	0	157** -	* %*	,	
	4	Rental income or (loss) L Net rental income or (los	ce)			0	0	0	0
	۱ <u> </u>	`г	(i) Secuntie		(ii) Other		0		
	/a	Gross amount from sales of assets other than inventory		0	0	. In 8	» ~.	· • ·	· *
	h	Less: cost or other basis					▼	vej %	rt
	~	and sales expenses .		0	0		·		
	С	Gain or (loss)		0	0	<u>X</u>	*		
		Al-1 // /			▶	0	0	0	0
r Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	on line 1	O. c).	0				
Other R		Less: direct expenses			0				
Ò	С	Net income or (loss) from	m fundrais	ing ev	rents ▶	0	0	0	0
		Gross income from gami See Part IV, line 19		. a _	0				
	b	Less: direct expenses		, pL	0				
	l	Net income or (loss) from		Г	ties >	0	0	0	0
	10a	Gross sales of inve			•				4
	١.	returns and allowances			0				
		Less: cost of goods sole Net income or (loss) from			nv ▶	0	0	0	l
	۲	Miscellaneous Reve		Ivento	Business Code				0
	110	N/A		- 			L	·	
	h								
									<u> </u>
	4	All other revenue							·
		Total. Add lines 11a-11			•	0			
	12	Total revenue. See inst	ructions.			516,584	18,599	0	4,400

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are no	t required to comp	olete columns (B), (
	not include amounts reported on lines 6b, 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	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	314,912	314,912		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	45,373	11,310	24,629	9,434
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	0
7	Other salaries and wages	83,709	61,568	4,464	17,677
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	9,876	5,576	2,226	2,074
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	12,296	0	12,296	0
	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0		*	0
f	Investment management fees	0	0	0	0
g	Other	975	0	0	0
12	Advertising and promotion	21,997	589 13,765	190 2,244	196 5,988
13	Office expenses	1,622	1,002	305	3,366
14	Information technology	0	1,002	0	0
15	Royalties	2,540	2,190	0	350
16	Occupancy	95	83	6	6
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses	اه	o	o	0
10	for any federal, state, or local public officials Conferences, conventions, and meetings.	5,481	3,684	260	1,537
19 20	Interest	0,751	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	4,588	2,770	896	922
23	Insurance	3,038	0	3,038	0
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)				
а	Dues & subscriptions	1,036	674	74	288
b	Miscellaneous	831	350	180	301
C					<u></u>
d					
е					<u>.</u>
25	All other expenses Total functional expenses. Add lines 1 through 24f	508,369	418,473	50,808	39,088
26	Joint costs. Check here ▶ ☐ 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				

Pa	rt X	Balance Sheet	-		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	167,525	1	79,313
	2	Savings and temporary cash investments	0	2	61,338
	3	Pledges and grants receivable, net	51,060	3	65,518
	4	Accounts receivable, net	0	4	495
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
ssets	8	Inventories for sale or use	0	8	21,507
Ä	9		3,031	9	2,371
	10a	Prepaid expenses and deferred charges		-	5 4 8
		other basis. Complete Part VI of Schedule D	_a3_B_8		·
	b	Less: accumulated depreciation 10b 6,654	10,118	10c	12,721
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	975	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	232,709	16	243,263
	17	Accounts payable and accrued expenses	10,545	17	5,035
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	7,850
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		* \$\$	
Ξ		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	10,545		12,885
ces		Organizations that follow SFAS 117, check here ▶	à d'a na do d		, (a) #
<u>a</u>	27	Unrestricted net assets	222,164	27	230,378
Ba	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	. *		* * * * * *
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	222,164	33	230,378
_	34	Total liabilities and net assets/fund balances	232,709		243,263

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
C	If "Yes" to line 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	√	ACT S SON
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		A 107 2 100	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	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		—
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	24		}
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u></u>	<u> </u>

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 Open to Public

Internal Revenue Service

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization Employer identification number Our Daily Bread, Inc. 52 1596259 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 through	h 11. ch	eck only	one box)	
1				rches, or association							
2				on 170(b)(1)(A)(ii). (Att		,					
3				nospital service organ							
4				ition operated in conj	unction v	with a ho	spital de	scribed ii	n section	170(b)(1)(A)(iii). Enter the
			ime, city, and st								
5	П		ion operated for (b)(1)(A)(iv). (Coi	the benefit of a colle the place that the colle	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	Il unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).	
7	1	An organizat	on that normally	receives a substantia	al part of	its suppo	ort from a	governm	nental uni	t or from	the general public
		described in	section 170(b)((1)(A)(vi). (Complete F	Part II.)			_			
8				d in section 170(b)(1)							
9	Ш			receives: (1) more that							
				ed to its exempt funct							
				ent income and unre after June 30, 1975.						1 511 tax) from businesses
	_								-		
10	님			nd operated exclusive							
11	Ш			and operated exclusive							
				blicly supported organated at the support of the su							
		a ☐ Type		_		_			-		. *
_				tify that the organizat		e III-Fun					Type III-Other
e	ш			on managers and other							
			section 509(a)(2)		i triarrom	0 01 111010	publiciy	Supporto	d Organiz	zations de	Scribed in Section
f				a written determinati	on from	the IRS	that it is	a Type I	Type II	or Type	III cupporting
•			, check this box			ine ins	liial It IS	a Type I	, Type II	, or type	
g		•		the organization acce		off or c	ontributio	n from a	 inv of the	· · ·	⊔
3		following per		and organization adds	, p. 10 a a,	, g o. o	0,111,100111	,,, ,, o,,,, c	, 0,	,	
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or too	ether wit	h person	s descrit	oed in (ii)	Yes No
				ning body of the supp							11g(i)
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
			-	of a person described	ın (ı) or	(II) above	?				11g(iii)
<u>h</u>		Provide the		ation about the suppo	orted orga	anızatıon	(s).				
(ī)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the son in col	(vii) Amount of
	0,6	Jui 112445011		above or IRC section		document?	col (i)	of your	(ī) organı	zed in the	support
				(see instructions))				oort?		S ?	
					Yes	No	Yes	No	Yes	No	
								<u> </u>			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lt	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organızat (i) organı	s the ion in col zed in the S?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total					-				

Par	(Complete only if you chec	panizations D ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)(A)(vi)
	tion A. Public Support			_			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	165,625	178,922	316,104	486,385	513,350	1,660,386
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	32,004	32,004	39,168	46,332	46,332	195,840
4	Total. Add lines 1 through 3	197,629	210,926	355,272	532,717	559,682	1,856,226
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						75,000
6	shown on line 11, column (f)			¥		200	
<u>6</u>	tion B. Total Support			<u></u>	ř.,	<u> </u>	1,781,226
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	197,629	210,926	355,272	532,717	559,682	1,856,226
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220	178	278	626	1,815	3,117
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						1,859,343
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	1,420
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		nd, third, fourth			n 501(c)(3) ▶ □
14	Public support percentage for 2009 (line			1 column (fl)		14	95.8 %
	., ,	•	•	, ,,,		15	94.8 %
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organization qualifies	zation did not d	check the box of		line 14 is 33½ 9	% or more, che	
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstant"	acts-and-circum	stances" test, o	check this box a	and stop here.	Explain in Part	IV how the
18	Private foundation. If the organization did	l not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this l	box and see inst	tructions ► 🗌

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			·			
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 6	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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 organization, check this box and stop	here		nd, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin					15	%_
16	Public support percentage from 2008 S			<u> </u>		16	%_
	tion D. Computation of Investmer						
17	Investment income percentage for 2009					17	%_
18	Investment income percentage from 20					18	<u>%</u>
19a	33% % support tests—2009. If the orga 17 is not more than 33% %, check this b						
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line	19a, and line 16	s more than 3	33/3 %, and
20	Private foundation. If the organization						

Schedule A (F	orm 990 or 990-EZ) 2009 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	·
	
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**19**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	of the organization			Employer identification number
	Daily Bread, Inc.			52 1596259
Pa	Organizations Maintaining Do the organization answered "Yes		r Fun	nds or Accounts. Complete if
		(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 funds are the organization's property, subj	donor advisors in writing that the assets ect to the organization's exclusive legal of	held ontro	in donor advised ol? Yes No
6	Did the organization inform all grantees, di used only for charitable purposes and not purpose conferring impermissible private to	for the benefit of the donor or donor adv	isor, d	or for any other
Da		penefit?	" to E	Yes No
				Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held Preservation of land for public use (e.g Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz	., recreation or pleasure)	ion of tion o	f an histonically important land area of a certified historic structure
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements.			
b	Total acreage restricted by conservation e			2b
С	Number of conservation easements on a conservation			2c
d	Number of conservation easements includ			
3	Number of conservation easements modifies the tax year ▶	• • •		
4	Number of states where property subject to	o conservation easement is located >		
5	Does the organization have a written polici violations, and enforcement of the conserved	y regarding the periodic monitoring, inspe	ection	
6	Staff and volunteer hours devoted to moni			
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing conservation	ease	ements during the year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? .			
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations are conservations.	he text of the footnote to the organization tion easements.	n's fin	nancial statements that describes
Pai		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8		ther Similar Assets.
1a	If the organization elected, as permitted ur art, historical treasures, or other similar asserprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	resea	arch in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to to (i) Revenues included in Form 990, Part X (ii) Assets included in Form 990, Part X .	held for public exhibition, education, or rhese items:	esear 	rch in furtherance of public service,
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items:		
а	Revenues included in Form 990, Part VIII,	line 1		, > \$
b	Assets included in Form 990, Part X			▶ ¢

Sched	lule D (Form 990) 2009							Page 2
Par	t III Organizations Maintain	ng Collections	of Art, His	storic	al Treasures	s, or C	ther Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and o y):	other record	ds, ch	eck any of the	e follov	wing that are a sig	gnificant use of its
а	Public exhibition		d		Loan or exch	ange p	rograms	
b	Scholarly research		e				-	
c	Preservation for future general	tions						
4	Provide a description of the organize Part XIV.	ation's collection	s and expla	ain ho	w they further	r the o	rganization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive de than to be maint	onations of ained as pa	art, hi	storical treasu ne organization	res, or	other similar ection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an					answe	red "Yes" to For	m 990, Part
						ons or	other assets not	Yes 🗹 No
þ	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	follow	ing table:			
						4.		nount
C						. 1c		
	Additions during the year					. 1d		
	Distributions during the year					. <u>1e</u>		
f	Ending balance				<i>.</i> .	. <u>1f</u>	<u> </u>	
<u>b</u>	Did the organization include an amilf "Yes," explain the arrangement in	Part XIV.				· · ·	· · · · · ·	∐ Yes ☑ No
Pai	t V Endowment Funds. Co		T					
		(a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				A * * *-			
b	Contributions		 		-> 1 1	P, 11	> > * *	8 4. 6 : 7
С	Net investment earnings, gains, and losses				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ; * *]		
d	Grants or scholarships		<u> </u>		\$ \$i	- m , a	· · · · · · · · · · · · · · · · · · ·	- « » * *
е	Other expenditures for facilities and programs					4 , ,	- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	= ! 3 4 4
f	Administrative expenses				<u> </u>			
g	End of year balance		<u> </u>		9 1			
2	Provide the estimated percentage of	of the year end ba	lance held	as:				
а	Board designated or quasi-endown	nent 🕨	%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ 9	6						
За	Are there endowment funds not in th	e possession of the	he organiza	tion th	nat are held ar	nd adm	inistered for the	
	organization by:	•	Ŭ					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	(ii) related organizations If "Yes" to 3a(ii), are the related org							3b
4	Describe in Part XIV the intended u							
Par	t VI Investments—Land, Bu	ildings, and Ec	<u>juipment.</u>	See	Form 990, P	art X,	line 10	
	Description of investment	(a) Cost or o (investm			ost or other sis (other)		Accumulated epreciation	(d) Book value
1a	Land		0		0			0
b	Buildings		0		0		0	0
С	Leasehold improvements	l l	0	_	0		0	0
d	Equipment		0		15,875		6,251	9,624
<u>e</u>	Other		0		3,500		403	3.097
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, o	colum	n (B), line 10(c)	<u>.)</u>	▶	12,721

Scriedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part	K, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other	ļ		<u></u>
•••••			
•••••			
•••••			
•••••		·-··	
			
••••••			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		β	
Part VIII Investments—Program Relate	d See Form 990 Part	V line 13	<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
			,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
			
	· ·	· · · · · · · · · · · · · · · · · · ·	
			
Total. (Column (b) must equal Form 990, Part X, col.	(P) Inc. 15 \		
Part X Other Liabilities. See Form 990,		<u></u>	1
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) Allount		
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			

2. FIN 48 Footnote. 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.

	ше D (Form 990) 2009				Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financi	ial Stat	tem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	516,584
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	508,369
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	8,215
4	Net unrealized gains (losses) on investments		- 1	4	0
5	Donated services and use of facilities			5	700
6	Investment expenses			6	0
7	Prior period adjustments			7	. 0
8	Other (Describe in Part XIV.)			8	0
9	Total adjustments (net). Add lines 4 through 8			9	700
10	Excess or (deficit) for the year per audited financial statements. Comb	ine lines 3 and 9	_ 1	10	8,915
Pai	t XII Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue	per	Return
1	Total revenue, gains, and other support per audited financial statemen	ts	T	1	591,136
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b 7	74,552		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d	0]
е	Add lines 2a through 2d			2e	74,552
3	Subtract line 2e from line 1			3	516,584
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		_
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	516,584
Pai	t XIII Reconciliation of Expenses per Audited Financial St	atements With Ex	pense	s pe	er Return
1	Total expenses and losses per audited financial statements			1	582,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a 7	73,852	,	
b	Prior year adjustments	2b	0	*	
С	Other losses	2c	0		
d	Other (Describe in Part XIV.)	2d	0		1
е	Add lines 2a through 2d			2e	73,852
3	Subtract line 2e from line 1			3	508,369
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV.)	4b	0		4
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	, line 18.)	<u> </u>	5	508,369
Pa	t XIV Supplemental Information				
and	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b				
unis	part to provide any additional information.	•••••			• • • • • • • • • • • • • • • • • • • •
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					• • • • • • • • • • • • • • • • • • • •

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Our Daily Bread, Inc.

Name of the organization

OMB No 1545-0047

Open to Public

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Inspection Employer identification number

1596259

52

2 (h) Purpose of grant or assistance 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 (Form 990) if additional space is needed ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . . (d) Amount of cash grant . . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance (b) EIN Enter total number of other organizations (a) Name and address of organization or government Part II

Schedule I (Form 990) 2009

Cat. No. 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) 2009

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

(a) T	(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
Food Program		345 families	0	199,373	FMV per lb/gift card val	199,373 FMV per lb/gift card val Groceries or grocery gift cards
Financial Assistance	ınce	279 families	54,903	0	0 N/A	N/A
Thanksgiving an	Thanksgiving and Holiday Programs	3,700 families	0	51,296	Gift card value/gift rece	51,296 Gift card value/gift rece Gift cards or donated gifts
Back to School Program	rogram	350 children	0	9,340	Gift card value/gift reci	9,340 Gift card value/gift reci Gift cards or donated gifts
Part IV Supp	Part IV Supplemental Information. Complete this part		ovide the informatic	n required in Part	to provide the information required in Part I, line 2, and any other additional information.	additional information.

Part I, Item 2 - Almost all of the reciplents of our grants are referred to us by Fairfax County, VA social service agencies. These agencies have already determined

Part III -

the eligibility of the recipients prior to contacting us.

- 1. Food Program We calculate the value of food delivered to our clients using a FMV rate per pound of food. We use the annual FMV rate provided by a large food bank nonprofit that is audited by a Big 4 public accounting firm.
- adopted families were only included in our contribution revenue and Thanksgiving/Holiday program expense if we received documentation (store receipts) supporting 2. Thanksgiving and Holiday Programs - We served over 3,700 families, some of whom were "adopted" by donors. The value of the gifts provided by donors who
- 3. Back to School Prgram We served over 350 children, some of whom were adopted by donors. The value of the gifts provided by donors who adopted children

the value of their gifts.

were only included in our contribution revenue and Back to School program expense if we received documentation (store receipts) supporting the value of their gifts.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Name of the organization						T	Employe	er ident	ificatio	on nurr	ber	
Our Daily Bread, Inc.						1	52		15	96259)	
Part I Excess Benefit Transaction Complete if the organization are								Part V	, line 4	40b.		
4											(c) Cor	rected?
1 (a) Name of disqualified person			_	(b)	Description of	transact	tion				Yes	No
											ļ	
							_					
				-							_	
 2 Enter the amount of tax imposed of under section 4958 3 Enter the amount of tax, if any, on 									▶ \$			
					····							
Part II Loans to and/or From Into			=	00 D 1	V 1 00		000 5	-7 D			_	
Complete if the organization												
(a) Name of interested person and purpose		b) Loan to or from (c) Onginal (d) Balance d the organization? principal amount		ce due	(e) in	(e) in default?		(f) Approved by board or committee?		(g) Written agreement?		
	Т	Fron	n				Yes	No	Yes	No	Yes	No
							_					
								<u> </u>	_			
					ļ							,
								ļ		ļ		
—					L		3		other self-sec	at 1820 amil 1		
Part III Grants or Assistance Ben				. ▶ \$			199290			HO OFF	144 4.3 P	<u> </u>
Complete if the organization	_			90 Part I	V line 27							
						Γ	/-> A					
(a) Name of interested person	(B)	neiations		p between interested person and the organization			(c) Amount and type of assis				tance	
						1						
Part IV Business Transactions In Complete if the organization				90, Part I	V, line 28a,	28b, c	or 28c.					
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of (c) transaction		d) Description of transaction				organia	anng of zation's nues?
				ļ							Yes	No
Haward Comminghan				 	46 455						<u> </u>	
		rrent Di	rector	-			puter and network				<u> </u>	/
(owner of MACRO Systems LLC)				1	-	servi	ces					
			 -			 						-
	1			1		I					l '	

SCHEDULE M (Form 990)

Noncash Contributions

1596259

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Our Daily Bread, Inc.

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

► Attach to Form 990. Inspection Employer identification number

52

Pai	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	D 1 11 1				
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	<u> </u>	12	1,290	Cash ultimately collected
19	Food inventory	—	Did not track like this	177,953	FMV per lb of food
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts			-	
23	Scientific specimens				<u> </u>
24	Archeological artifacts	1	16	16,726	Face value of eift could
2 5	Other ► (gift cards) Other ► (Adopt Family gift)	V	24	9,629	Face value of gift cards Store receipts
26 27	Other ► (.Entertainment ite.)	V	4	710	Fair market value
28	Other ► ()	_		710	Tall Harket Value
29	Number of Forms 8283 receive	d by the e	reconstant during the toy	voor for contributions for	
23	which the organization complete				29 0
	when the organization complete	00 1 01111 02	oo, rait iv, bonce notino	mougement	Yes No
งก∍	During the year, did the organiz	ation receiv	ve by contribution any pror	party reported in Part Lline	e 1-39 that
004	it must hold for at least three ye				
	used for exempt purposes for the				'
b	If "Yes," describe the arrangem				
31	Does the organization have a			es the review of any no	n-standard
					31, ✓
32a	Does the organization hire or us				ell noncash
			· · · · · · · · · ·		32a ✓
b	If "Yes," describe in Part II.				
33	If the organization did not report	revenues in	column (c) for a type of pro	operty for which column (a)	ıs checked,
	describe in Part II.				

	Form 990) 2009 Pa	ge 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.	b,
·		
	•••••••••••••••••••••••••••••••••••••••	
		-
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Our Daily Bread, Inc.

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

► Attach to Form 990.

Open to Public Inspection

1596259

Employer identification number

52

Response to Form 990, Part III, Line 2
In 2009, Our Daily Bread held an Empty Bowls event. "Empty Bowls" is an international project setup to fight hunger,
personalized by artists and local organizations at a community level. Each community's events are self-developed and
organized. Empty Bowls allows participating artists to create/donate bowls and then serve a simple meal using the bowls.
The objectives of the event is to raise funds to fight hunger and educate the public about hunger issues. We held an
Empty Bowl event in February. We asked local artists to donate bowls, local organizations to donate soup, bread and
drinks. We sold tickets for a value that represented the value of the bowl, food and drink that the participants received.
Additionally, during the year, we developed and held several Financial Literacy conferences and charged participants
a participant fee.
Response to Form 990, Part III, Line 4d
Other ODB program services consist of the Financial Literacy Program (\$24,531 in expenses) and Community Education
(\$19,139 in expenses). The Financial Literacy Program provides trained volunteers to educate clients in basic household
budgeting and understanding credit. Education is provided through one-on-one counseling or a small group setting.
Refer to above paragraph for discussion of several new conferences held in 2009. For Community Education, ODB visits
businesses, community and religious organizations, publishes newsletters and e-newsletters and maintains a website in
order to educate the public about ODB's mission and the plight of the working poor in Fairfax County. Refer to paragraph
above for discussion of the Empty Bowls event which we used to help educate the community about hunger issues.
Response to Form 990, Part VI, Line 11
The Form 990 is prepared by a volunteer accountant and submitted to the Treasurer and Executive Director for review and
signoff.
Response to Form 990, Part VI, Line 19
Our audited financial statements are made available to the public via our website. Our governing documents and conflict
of interest policy are available to the public by request.

Schedule O (Form 990) 2009		Page 2
Name of the organization Our Daily Bread, Inc.	Employer ide	entification number 1596259
Our Burly Bread, me.	<u>JZ 1</u>	1390239
Response to Form 990, Part VI, Line 15a		
On an annual basis, certain Board of Director members (president, vice-president, secre	tary and treas	surer) will review
the performance of the Executive Director against the performance goals setup in the pr	evious year.	The Board does
use comparable compensation information of non-profits of similar size to determine the	compensati	on of the Executive
Director. The Board of Director members will recommend a salary and present it to the	entire Board o	of Directors for
approval.		
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