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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)

benefit trust or private foundation)

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

Open to Public Inspection

Α	For the	2009 cal	endar ye	ar, or tax ye	ar beginnir	ng			, and	ending						
В	heck if ap	of applicable Please use IRS C Name of organization Daily Bread Ministries, Inc. D Employer identification number														
	Address o	change	label or	Doing Bus	siness As						74	-2863470				
	Name cha	ange	print or	Number a	ind street (or	P O box if mail	s not delivered	to street addres	is)	Room/suit	_	Telephone r	number	-		
	nitial retu	ım	type. See	700 W. Ho								•				
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\Box	Amended	l return	Instruc- tions.	San Anton		,,		Г х	78207		G	Gross receip	pts \$		6.4	49,700
=		on pending				cipal officer				Have		a group return		filiatos?		X No
		, -			•	Street, San	Antonio TV	70202		1				illiates (= i	=
)1(c) (3			_					l affiliates incli " attach a list		acta ictional	Yes	No
) ◄ (ınse	ert no)	4947(a)(1)	or 527	<u> </u>				-	•		
				<u>eadministri</u>	es.org				ı	H(c) (Group	exemption nu				
		rganization		rporation	Trust	Association	Other ▶		LY	ear of form	nation	1997	MS	state of lega	I domicile	TX
P	art I		mmary													
	1	-		_	ation's mis	ssion or mos	t significant	activities:								
a)	See Attached Schedule A															
anc				. 												
ē	1			···-												
Activities & Governance	1				_	ation discont			-			1	f its n	et assets	·-	
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ij	4					ers of the go							4			
Ę	5					ne 2a) . .							5			10
⋖	6				•	if necessary	•						6			150
	7a	_				ue from Part			2			}	7a			0
	<u>b</u>	Net unre	elated bt	usiness taxa	able incom	e from Form			' ' '		· · ·	rior Year	7b	C.	rrent Yea	0
e	8	Contribu	itione an	nd grants (P	Part VIII lin	o 1b)	ULCE	VED	1	-		6,934	808	Cu		92,811
	۵	Program	auons an	id grants (P e revenue (F me (Part VI	ant vill, illi Part VIII, lii	20) S		رز	5	-		0,334	,000		0,5	<u>192,011</u>
Revenue	10	Investm	ent inco	me (Part VI	Il column	(A), lines 3,	4JUL 213	2010 . 6	31 .			8	,177			15,545
æ	11						30 90 100	and 11e)	<u> </u>			~~~	,077			50
	12	Total revi	enue—ad	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $\frac{C}{4c}$. nue—add lines 8 through 11 (must equal Part MIL Column (A), line 12).								6,974			6.4	08,406
	13	Grants a	and simil	lar amounts	paid (Par	t IX. column	47 H.S.A	8)	J			-1	o			0
	14	Grants and similar amounts paid (Part IX, column (A), lines (18) Benefits paid to or for members (Part IX, column (A), line 4)									0					
	15		•		-	ee benefits			es 5–1	0)		137	,746		1	42,625
Expenses	16a	Professi	ional fun	draising fee	es (Part IX	, column (A)	, line 11e) .						0			0
per	b	Total fur	ndraising	expenses	(Part IX, c	olumn (D), li	ine 25) 🕨		10,5	06	Lišt			Maria (
ũ	17	Other ex	kpenses	(Part IX, co	olumn (A),	lines 11a-1	1d, 11f–24f)					6,918	,573			84,510
	18	Total ex	penses.	Add lines 1	13–17 (mu	st equal Par	t IX, column	(A), line 25))			7,056				27,135
	19	Revenue	e less ex	cpenses. Su	ubtract line	18 from line	<u> 12</u>	<u> </u>	<u> </u>				,257			·18,729
Net Assets or Fund Balances		_								Begi	inning	g of Current \		Er	nd of Yea	
ssets	20												,266			76,404
a g	21												,293			24,242
					s. Subtract	t line 21 from	i line 20 .	: :-:::-	· · ·			69	,973			52,162
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3						ave examined it Declaration of p										
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∯jig			Signature	of officer								Date				
Чe	re		Seth Ku	uehn					Pre	sident						
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May						r shown abo			• • •	· · · ·	•	· · · ·	• •	<u>X</u>		No (2000)
	P															(2000)

	m 990 (2009) Daily Bread Ministries, Inc.		74-2863470	Page 2
Pa	Part III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	See Attached Schedule A			
	Did the execution and delegation is if it is a second of the second of t	La companya de la com		_
2	Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?		□ v	□ N-
	If "Yes," describe these new services on Schedule O.		. Yes	NO I
3	Did the organization cease conducting, or make significant changes in he	ow it conducts, any program		
•	services?		. Tyes	X No
	If "Yes," describe these changes on Schedule O.			<u> </u>
4	Describe the exempt purpose achievements for each of the organization	's three largest program services l	oy expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) tru			and
	allocations to others, the total expenses, and revenue, if any, for each pr	ogram service reported.		
4a	(Code:) (Expenses \$ 6,383,781 including grants o			
	See Attached Schedule A			
			,	
4h	(Code:) (Expenses \$ 0 including grants of	of \$ 0) (Revenue \$		0)
₩.	, (code) (Expended # molecumy grants o			
4¢	: (Code:) (Expenses \$0 including grants of	of\$0_)(Revenue\$,	0)
	••			
	•			
	•			
	Other program services. (Describe in Schedule O.)			-
+U	• •	0) (Revenue ¢	0)	
40	(Expenses \$ 0 including grants of \$	O) (I / GAGIING A		

Par	t IVChecklist of Required Schedules	-		age O
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	$\hat{\mathbf{x}}$	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	4		<u> </u>
6	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		X
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		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11		
	VII, VIII, IX, or X as applicable		X	à.
	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? <i>If "Yes," complete Schedule D, Part VII.</i> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	•	, 400 S	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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.			
	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.	İ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
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		x
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		x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	Х

Par	t IVChecklist_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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			l
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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	l	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1	l	
	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		Х
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	11	¥	<u> </u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	·		
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		1	ŀ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		1	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	↓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			l
	If "Yes," complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	i	l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١	1	١.,
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	}		١
	Schedule R, Part V, line 2	35	<u> </u>	<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		İ	1
	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	1
	VI	37	┼	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			•
	19? Note. All Form 990 filers are required to complete Schedule O		X	<u> </u>
		_	$\alpha \alpha \alpha$	12000

Par	Statements Regarding Other IRS Filings and Tax_Compliance			-3
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ju	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		一
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		├──
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		l x
ь	If "Yes," enter the name of the foreign country:	4 a		
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		<u> </u>
С	Prohibited Tax Shelter Transaction?	5c		1
C -		3 C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		×
	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	6b		
7	gifts were not tax deductible?	OD.	\vdash	
7	Organizations that may receive deductible contributions under section 170(c).		8. A.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	<u></u>	×
	and services provided to the payor?	7b		 ^-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		┢
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		,
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-	 	
	benefit contract?	7e 7f	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X	├^
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	76	X	
•	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ů.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	ļ	
	organization, have excess business holdings at any time during the year?	l-°	\vdash	+
9	Sponsoring organizations maintaining donor advised funds.	00	 	·
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources		39	
	against amounts due or received from them.)	 	 	-
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	L		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion 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			Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		١
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
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 of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		$\frac{\hat{x}}{x}$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	
	Does the organization have local chapters, branches, or affiliates?	10a		X
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	<u> </u>	 -
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44		
44.	form?	11	X	 -
11A		12a	<u> </u>	X
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	IZa	-	 ^
b	rise to conflicts?	12b		×
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12-0		<u> </u>
·	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	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		<u> </u>	
	with a taxable entity during the year?	16a	-	_ X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401	 	- X
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	Х
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an examination to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s or	nlv)		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of available for public inspection. Indicate how you make these available. Check all that apply.	111y)		
	Own website X Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
19	policy, and financial statements available to the public.	,,,		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20	organization: ► Seth Kuehn 210-223-470			
	700 W Houston St. San Antonio TX 78207			

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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee. (E) (F) (D) Position (check all that apply) Reportable Estimated Name and Title Average Reportable compensation amount of hours per compensation Highest compensated employee Individual trustee Institutional trustee Key employee from related other week fmm director compensation organizations the (W-2/1099-MISC) organization from the organization (W-2/1099-MISC) and related organizations Seth Kuehn 40. X 0 President Paul Nadeau 2 Х Х 0 0 Chairman Raymond Gibson 0 0 0 Treasurer Alice Guerra 2 X 0 0 0 Secretary Ricky Burris 2. X 0 0 Director James Gayle 0 0 2 Director Bob Sanchez 2 Х 0 0 0 Director Charles E. Farmer 40. X 50,003 **Executive Director**

	990 (2009) Daily Bread Ministries, Inc Int VII Section A. Officers, Directors, Tru	ıstees, Key En	nploy	/ees	, and	Hig	hest	Cor	mpensated Em		-286347 continue		Page 8
	(A)	(B)			(C)			(D)	(E)		(F)	
	Name and title	Average hours per week	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportat compensa from relat organizati (W-2/1099-f	tion ted ons	Estima amoun other compens from the organiza and relation	t of r ation ne ation ated
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1b	Total	<u></u>	1		L				50,003	<u> </u>			0
2	Total number of individuals (including but no				abov	e) wł	no re	ceive			<u> </u>		
	reportable compensation from the organizat	ion 🕨			0							17	
3	Did the organization list any former officer,	director or trust	ee k	ev e	mplo	vee	or hi	iahe	st compensated	1	Γ	Yes	No
•	employee on line 1a? If "Yes," complete Sci			•	•	•		_	•		3		X
4	For any individual listed on line 1a, is the su the organization and related organizations g											,	
	individual					s, c			· · · · · · ·		4		X
5	Did any person listed on line 1a receive or a	•				•			-				
Sec	services rendered to the organization? If "Yestion B. Independent Contractors	es, complete s	cnec	iuie .	J TOT	sucr	pers	son		· · · · ·	5	_i	X
1	Complete this table for your five highest con	npensated inde	pend	lent o	contr	acto	rs tha	at re	ceived more tha	n \$100,00	0 of		
	compensation from the organization.	·											
	(A) Name and business a	ddress							(B) Description of ser	vices	Com	(C) pensation	
								ļ					0
							-						0
													0
													0
2	Total number of independent contractors (in			ed to	tho	se lis	_		e) who received				
	more than \$100,000 in compensation from t	<u>ne organizatior</u>	<u> </u>				0						

 0

6.408.406

9,982

Part IX Statement of Functional Expenses

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

Total expenses		All other organizations must complete column				nd (D).
organizations in the U.S. See Part IV, line 21. 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 r for members. 5 Compensation of current officers, directors, trustees, and key employees. 5 Compensation to included above, to disqualified persons (as defined under section 4956((3)(8)). 6 Compensation not included above, to disqualified persons described in section 4958(c)(3)(8). 7 Other salaries and wages. 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 9 Other employee benefits. 0 Payroll taxes. 15,997 15,711 286 17,435 2,237 15,711 286 17,435 2,237 15,711 286 18 Pearson for services (non-employees): 19 Management. 0 Management. 0 Degrant of the professional fundraising services. See Part IV, line 17 for investment management fees. 0 Other of the professional fundraising services. See Part IV, line 17 for investment management fees. 0 Other of the professional fundraising services. See Part IV, line 17 for investment management fees. 0 Other of the professional fundraising services. See Part IV, line 17 for investment management fees. 0 Other of the professional fundraising services. See Part IV, line 17 for investment management fees. 0 Other of the professional fundraising services. See Part IV, line 17 for sex for any detail, state, or local public officials of Cocupancy. 10 Cocupancy. 10 Cocupancy. 11 Tavel of the professional fundraising services. See Part IV, line 17 for sex for any detail, state, or local public officials. 0 Conferences, conventions, and meetings. 0 Conferences, conventions, and meetings. 0 Conferences, conventions, and meetings. 0 Depreciation, depletion, and amortization for sex for any detail, state, or local public officials. 0 Conferences, conventions, and meetings. 1 Service Charges. 1 Ser		•	(A) Total expenses	_		(D) Fundraising expenses
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Information technology	13		7,480	1,081	4,154	2,245
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25 Total functional expenses. Add lines 1 through 24f 6,427,135 6,383,781 32,848				45,796	6,426	
			6,427,135	6,383,781	32,848	10,506
26 Joint costs. Check here ▶ if following						
SOP 98-2. Complete this line only if the organization	20					
reported in column (B) joint costs from a combined						
educational campaign and fundraising			İ			
solicitation						
Form		Concidential and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and			<u></u>	Form 990 (2009)

Part X Balance-Sheet-(A) (B) Beginning of year End of year 1 24.682 27,785 2 2 3 ol 3 0 4 ol 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of ol 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete ol 6 ol 7 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment; cost or | 10a | other basis. Complete Part VI of Schedule D 47.584 10c 37,929 b Less: accumulated depreciation 10b 이 11 10,690 11 ol Investments—other securities. See Part IV, line 11 12 0 12 0 0 13 13 Investments—program-related. See Part IV, line 11 ol 14 0 14 ol 0 15 15 72,266 16 76,404 16 Total assets. Add lines 1 through 15 (must equal line 34) 2.293 17 24,242 17 18 18 19 19 0 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 0 22 ol 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . ol 24 0 Unsecured notes and loans payable to unrelated third parties 24 ol 25 0 25 24,242 2,293 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 32,162 59,973 27 10,000 28 20,000 28 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 52,162 69,973 33 33 72,266 34 76,404 Total liabilities and net assets/fund balances

3a

3b

Х

Form 990 (2009)

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

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

SCHEDULE A _(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization Daily Broad Ministries Inc **Employer Identification number** 74 2062470

		ad iviinistries,						1			003470	
Par				arity Status (All org						struction	ns.	
	rgar		-	ation because it is: (Fo		_		-	-			
1	닏			ches, or association o			ed in sect	tion 170(l	b)(1)(A)(i)).		
2	닏			on 170(b)(1)(A)(ii). (At								
3	\sqcup	A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section 1	70(b)(1)((A)(iii).			
4	Ш		search organiza me, city, and sta	tion operated in conju ate:	nction wit	h a hospi	tal descrit	ed in sec	ction 170	(b)(1)(A)((iii). Enter th	ie
5				the benefit of a colleg (Complete Part II.)	ge or unive	ersity own	ed or ope	erated by	a governr	nental un	it described	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1)(A)(v).			
7		•		y receives a substantia (1)(A)(vi). (Complete F	•	its suppor	t from a g	overnmei	ntal unit o	r from the	e general pu	blic
8	П	A community	trust described	in section 170(b)(1)(A)(vi). (C	omplete F	Part II.)					
9	X	An organizat receipts from support from	ion that normall activities relate gross investme	y receives: (1) more the to its exempt function in the income and unrelated after June 30, 1975.	nan 33 1/3 ons—subj ted busine	3 % of its a ect to cert ess taxabl	support fro tain excep e income	otions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3 % of	
10		An organizat	ion organized a	nd operated exclusive	ly to test f	for public	safety. Se	e sectio	n 509(a)(4	4).		
11 e	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											
		•			r than one	e or more	publicly s	supported	organiza	tions des	cribed in se	ction
			section 509(a)(2	z). a written determinatior	from the	IDC that	itio o Tun	o I Tuno	II or Two	o III eupo	ortina	
f		-	, check this box		i irom the	ins mai	пізатур	e i, Type	ii, or Typ	e iii supp		. [
g				the organization acce	pted any	gift or con	tribution f	rom any o	of the			
J		following per	•			_		-				
				or indirectly controls,							Ye	s No
				verning body of the su							11g(i)	
				person described in (i) y of a person describe							11g(ii) 11g(iii)	
h		` '		ation about the suppor							118/11/1	
	Nome	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization		ou notify		s the	(vii) Amo	
(1)		anization	(,	(described on lines 1–9 above or IRC section		sted in your document?	the organ	ization in of your		tion in col zed in the	supp	οπ
				(see instructions))	3			ort?	Ϋ́ Ū	S ?	1	
		·			Yes	No	Yes	No	Yes	No		
												0
												0
	_					-						0
												0
	_	· · · · · ·										
			*			,	43	₹,				0
Total			i	l	1	i '	1	I	t	1	1	0

Part	Support Schedule for Organia (Complete only if you checked t	zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv)₋and	170(b)(1)(A)(vi)
Secti	on A. Public Support	ITIE DOX OIT HITE	5 0, 7, 01 0 01	raiti.)			
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(5) 2000	(6) 2007	(u) 2000	(6) 2003	(I) Total
1	Gifts, grants, contributions, and	İ					
	membership fees received. (Do not			i			
_	include any "unusual grants.")			 -	-		0
2	Tax revenues levied for the organization's	ľ					
	benefit and either paid to or expended on						
	its behalf		0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	. 0	0				0
4	Total. Add lines 1 through 3	o	o	o	0		0 0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						İ
	included on line 1 that exceeds 2% of the	1		`			
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						0
	on B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	o	0	0	0		0 0
8	Gross income from interest, dividends,		-				
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is	ŀ		ا			
	regularly carried on					ļ	0
10	Other income. Do not include gain or					ļ	
	loss from the sale of capital assets					[
	(Explain in Part IV.)	0	0	* *******		<u> </u>	0
11	Total support. Add lines 7 through 10.		* , _	<u> </u>	4 44	3	<u>**</u> 0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here			<u> </u>	· · · · ·	<u> </u>	▶∟
Sect	on C. Computation of Public Support					, 	
14	Public support percentage for 2009 (line 6,					14	0.00%
15	Public support percentage from 2008 Scheo					15	0.00%
16a	33 1/3% support test-2009. If the organiza	ition did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, o	check this box
	and stop here. The organization qualifies a						
b	33 1/3% support test-2008. If the organiza	ition did not che	eck a box on lii	ne 13 or 16a, a	ind line 15 is 3	3 1/3% or m	ore, check this
	box and stop here. The organization qualifi-	es as a publicly	supported org	ganization			▶ []
17a	10%-facts-and-circumstances test-2009.	If the organization	tion did not ch	eck a box on li	ne 13, 16a, or	16b, and line	e 14 is 10%
	or more, and if the organization meets the "	facts-and-circu	mstances" test	t, check this bo	x and stop he	re. Explain i	n Part IV how
	the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test-2008.	If the organiza	tion did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, ar	nd line 15 is 10%
	or more, and if the organization meets the "	facts-and-circu	mstances" test	t, check this bo	x and stop he	re. Explain	in Part IV how
	the organization meets the "facts-and-circur	mstances" test.	The organizat	ion qualifies as	s a publicly sup	ported orga	inization . 🕨 🔃
18	Private foundation. If the organization did not ch		-				
10	Treate roundation. If the organization did not d	IOUN & DUN UIT IIIIR	, 10, 10a, 10b, 1	, a , or 17 b, onec	and box and s		

Schedule A (Form 990 or 990-EZ) 2009 Daily Bread Ministries, Inc. 74-2863470 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 131.995 275.303 180,913 194,455 279,546 1,062,212 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. 27,367 41,043 68,410 Gross receipts from activities that are not an 9,478 unrelated trade or business under section 513 7,954 17,432 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. 131.995 275.303 208.280 243,452 289.024 1.148.054 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 0 0 0 0 0 Add lines 7a and 7b Public support (Subtract line 7c from 1,148,054 line 6.) . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total

	1					l l	
9	Amounts from line 6	131,995	275,303	208,280	243,452	289,024	1,148,054
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17	218	4,645	323	454	5,657
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	17	218	4,645	323	454	5,657
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets						070
	(Explain in Part IV.)	0	0	273	<u>556</u>	50	<u>879</u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	132,012	275,521	213,198			
					•		(0)

Sec	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.43%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%
Se	ction D. Computation of Investment Income Percentage		
		1 4 1	

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.49%
	Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
19a	33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more to	han 33	1/3% and line 17 is

a	33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 13 is more than 33 1/3% and line 17	19_	
	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶ []	X
h	33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and		

20

Schedule A (For	n 990 or 990-EZ) 2009	Daily Bread Ministries, Inc.	74-2863470	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanation	is required by Part II. line 1	0:
		or 17b; and Part III, line 12. Provide any other additional in		
	T dit ii, iiio ii d	Tor 17 b, and t art in, into 12.1 Tovide any other additional in	Torriadori. Occ madactions	·
Part III Line 1	2 Other miscellane	ous income related to the organization's charitable		
purpose.				
			•••••	
				• • • • • • • • • • • • • • • • • • • •
			••••	
		••••••		
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE D (Eorm 990) ...

Supplemental_Financial_Statements_

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer Identification number

1421116	or are organization			Limployer racinanadadii mamber
	Bread Ministries, Inc.			74-2863470
Part			r Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" t	o 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 o	lonor advisors in writing that th	ne assets held in	donor advised
	funds are the organization's property, subje	ct to the organization's exclusi	ve legal control?	? Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in wr	iting that grant for	unds can be
	used only for charitable purposes and not for	or the benefit of the donor or d	onor advisor, or	for any other
	purpose conferring impermissible private be			
Part				
				
1	Purpose(s) of conservation easements held			as historically important land area
	Preservation of land for public use (e.g.	., recreation or pleasure)		an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conserva	ation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	•		
				Held at the End of the Tax Year
а	Total number of conservation easements .			2a
b	Total acreage restricted by conservation ea			2b
c	Number of conservation easements on a ce			2c
d	Number of conservation easements include			
3	Number of conservation easements modifie			
3	during the tax year	d, transferred, released, extin	guioniou, or tom	mater by the organization
4	Number of states where property subject to	conservation easement is loc	ated >	
5	Does the organization have a written policy			handling of
J	violations, and enforcement of the conserva			
c	Staff and volunteer hours devoted to monitor			
6	Stall and volunteer hours devoted to mornic	mig, inspecting, and emoleing	g conservation e	sasements during the year
-	Amount of expenses incurred in monitoring	inenceting and enforcing cor	neopyation onco	monts during the year
7	Amount or expenses incurred in monitoring	, inspecting, and enforcing cor	iservation easer	ments during the year
_		d li O(d) above antint the		of acation
8	Does each conservation easement reported			
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization in			
	balance sheet, and include, if applicable, the		ganization's fina	inciai statements that describes
Do-	the organization's accounting for conservat Organizations Maintaining Collecti		res or Other S	Similar Assats
Par				ommar Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted un	der SFAS 116, not to report in	its revenue stat	tement and balance sheet works of
	art, historical treasures, or other similar ass	ets held for public exhibition, e	education, or res	search in furtherance of public
	service, provide, in Part XIV, the text of the		ienis inal descri	ont and halance sheet warks of art
þ	If the organization elected, as permitted unchistorical treasures, or other similar assets	der SFAS 116, to report in its i	revenue stateme	ch in furtherance of public
	service, provide the following amounts relati		Salion, or resear	cit in futilieratice of public
	• • • • • • • • • • • • • • • • • • • •	_		~ ¢
	(i) Revenues included in Form 990, Part VI	II, IINE 1		5
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works o			ets for financial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, I			
b	Assets included in Form 990, Part X			> \$

	ule D (1 0111 990) 2009										zge 🔏
Par	Organizations Maintaining	Collections of	f Art, I	Histo	rical T	reasures,	or Ot	her Similar As	sets (c	<u>ontinu</u>	ed)
3	Using the organization's acquisition, use of its collection items (check all		other re	ecord	s, check	any of the	follow	ing that are a si	gnificant	:	
а	Public exhibition		d [Loan o	r exchange	progr	ams			
b	Scholarly research		е [Other					. 	
С	Preservation for future genera	ations									
4	Provide a description of the organiza Part XIV.	ation's collections	and e	xplair	n how th	ey further t	he org	anization's exer	npt purp	ose in	
5	During the year, did the organization assets to be sold to raise funds rath									es 🗌	No
Par	IV, line 9, or reported an ar	nount on Form	990, P	art X	(, line 2	1			orm 990), Part	į.
1a	Is the organization an agent, trustee included on Form 990, Part X?								Ye	es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete	the fo	llowing	table:			\		
_	Danissias balanca						1		Amount		0
C	Beginning balance										
ď	Distributions during the year								***		
e f	Ending balance									-	0
_	_										
2a	Did the organization include an amo		, Part)	K, line	21?.				Y	es X	No
b	If "Yes," explain the arrangement in	Part XIV.	nimatia			"Voo" to I	Torm (DOO Bort IV lie	20.10		
Part	V Endowment Funds. Com					(c) Two year		(d) Three years bac		our years	hack
4-	Designation of wear belongs	(a) Current year	+) Pnor	year	(C) TWO years	5 Dack	(u) Three years bac	× (e) 1	iui years	Dack
1a	Beginning of year balance		' 			, à					
b	Contributions	-	+				<i>%</i> ,	· · · · · · · · · · · · · · · · · · ·	{ }		
С	Net investment earnings, gains,					A.A.		**	`1		
_	and losses	-	+						 		
d	Grants or scholarships		 		<u></u>	· *	*	2.024	3 %	73	
е	Other expenditures for facilities					è	27,	7.7.2.			
	and programs	·	 								
1	End of year balance	(0			×* *	_		
g	Provide the estimated percentage o		<u> </u>	hold s			_	*2.4			
2	Board designated or quasi-endowm	=	iance i	_%	13.						
a b	Permanent endowment	%	••••	- /0							
C	Term endowment	/ -									
3a	Are there endowment funds not in the		the ord	raniz	ation the	at are held	and ac	Iministered for t	he		
Ja	organization by:	ie possession or	110 015	garriz		at are nota	and ac			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations.								3b		
4	Describe in Part XIV the intended us										
Part							rt X. li	ne 10.			
rait	Description of investment	(a) Cost or o				or other		Accumulated	(d) B	ook valu	е
	Description of investment	(a) Cost of C		"		(other)		epreciation	(-, -		•
	Land	 		0		0					C
b	Buildings			0		0		0	-		
C	Leasehold improvements			<u></u>		11,750		0		1	1,750
d	Equipment			0		131,363		0			1,363
e	Other			0		131,303		0			<u>-,,550</u>
	I. Add lines 1a through 1e. (Column (d) must equal Fo	rm 990		t X. coli		e 10/c			14	3,113

Schedule D-(Form 990) 2009			Page 3
Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		
	0		
***************************************	0		
	0		
	0		
	0		 ,
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related		line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	(b) Book Value	Cost or end-of-year ma	
	0		
	0		
	0		
	0		
	0		
	0		
	0	·	
	0		·
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0		× k +
Part IX Other Assets. See Form 990, P.		<u> </u>	
·			(b) Book value
) Description		· · · · · · · · · · · · · · · · · · ·
			0
		·	0
			0
			0
			0
			0
			0
	<u> </u>		0
	_		0
			0
Total. (Column (b) must equal Form 990, Part X, o		<u></u> ▶	0
Part X Other Liabilities. See Form 990	, Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
		0	
		0	
		0	* *
		0	* £ 3
		o	3 % å 3 3
		o	* * * * * * * * * * * * * * * * * * * *
		ol ol	
		0	
		0	
		0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	<u>- 0</u>	
Toma (b) must equal to one say, Fatt A, Cut (b) mis 20)		<u> </u>	

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.

Sched	fule D-(Form 990)-2009 — — — — — — — — — — — — — — — — — —			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		6,408,406
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		6,427,135
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-18,729
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 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-18,729
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements	L	1	6,409,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	18		
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants		ł	
d	Other (Describe in Part XIV.)	_		
e	Add lines 2a through 2d		2e	918
3	Subtract line 2e from line 1		3	6,408,406
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			
b	Other (Describe in Part XIV.)	_ _		
С	Add lines 4a and 4b	. <u>L</u>	4c	0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,408,406
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	es p	er Return	
1	Total expenses and losses per audited financial statements	L	1	6,427,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	К	1,42 4	
а	Donated services and use of facilities	_	i	
b	Prior year adjustments	⋅	*.	
С	Other losses	_	i	
d	Other (Describe in Part XIV.)	_		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	<u> </u>	3	6,427,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_		
b	Other (Describe in Part XIV.)	_		
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)		5	6,427,135
Par	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information.	4b. /	Also comple	te

SCHEDULE M (Form 990).

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Daily Bread Ministries, Inc.

Employer Identification number 74-2863470

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d) d of dete revenue	_	
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 .	Х	2	49,464	Fair Mark	et Valu	ıe	
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		<u></u>					
15	Real estateResidential							
16	Real estate—Commercial .							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			-				
24	Archeological artifacts							
25	Other ► (Food Products)	X	600			<u>et Val</u>	ne	
26	Other ► ()		0					
27	Other ► ()		0	0				
28	Other ► ()		0	0				
29	Number of Forms 8283 received	d by the o	rganization during the tax ve	ar for contributions for				
	which the organization complete	•			29			0
			,	3			Yes	No
30 a	During the year, did the organiz	ation rece	ive by contribution any prope	erty reported in Part I, lines	i – 28			
	that it must hold for at least thre					`		
	required to be used for exempt					30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a gi			review of any non-standard			'	
٠.	contributions?					31		X
32 a	Does the organization hire or us							
	noncash contributions?	•	-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report	t revenues	s in column (c) for a type of p	property for which column (a) is			
	checked, describe in Part II.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Daily Bread Ministries, Inc.	74-2863470
Form 990 Part VI Section B Line 11A The organization's annual Form 990 is reviewed by	the Board of
Directors at a regularly scheduled Board meeting prior to signature and issuance.	•••••
Form 990 Part VI Section B Line 15b The organization's Board of Directors determines th	e
compensation for all employees, including the Executive Director.	
Form 990 Part VI Section C Line 19 The organization's financial statemetrs and governing	g documents
are available upon request.	

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5	JOHN 4304 Statement - 330	200										1	2004		
Item	Description of	Date Placed	Asset	Bus Use	Cost or	Sec 179	Special	Salvage	Recovery	Recovery	Method	Conv	Prior Accum	2009	- 2009
2	_	In Service	Code	%	Other	Deduction	Allowance	Value	Basis	Period		Code	Deprec,	Deprec	Accum
					Basis						;		1/9, Bonus		Deprec
	2 electric Pallet Jacks	5/11/2006	F-10	100 00%	4,034	0	0		4,034	_	Z.	Ė	1,440	9/6	3,016
	Briggs Equip - 2 pallet	1/15/2007	F-10	100 00%	4,500	0	0		4,500		S	Ξ	1,286	643	1,929
	Bridge Equip - Pallet Ja		F-10	100 00%	225	0	0		225		SL	Ξ	61	32	93
	48ft Trailer - Donated		V-	100 00%	3.500	0	0		3,500		ร	ΕM	1,050	700	1,750
	Scribber	5/19/2008	F-10	100 00%	750	0	0		750	7	S	MQ2	29	107	174
	Floor Scrubber	7/7/2008	F-10	100 00%	10,432	0	0		10,432	7	Տ	MQ3	929	1,490	2,049
	Microphone	7/14/2008	F-1	100 00%	220	0	0		220	7	SL	¥	16	31	47
	Clothes Washer	8/28/2008	F-10	100 00%	144	0	0		144		ร	MQ3	80	21	29
	Metal Pallet Backet	6/2/2009	1.10	100 00%	750	0	0		750		SL	¥	0	32	22
	Rice Packing Machine	9/30/2009	F-10	100 00%	3.000	0	0		3,000		ร	MQ3	0	161	161
22	l easehold Improvemen		, c	100 00%	11,750	0	0	0	11,750	•	SUGDS	Σ	7,784	1,175	8,959
7.	2000 IH Truck	(C)	> 4	100 00%	19,135	0	0	0	19,135	ß	SU/GDS	È	17,860	1,275	19,135
i	Major Vehicle Repairs	6/15/2005	>	100 00%	13,897	0	0	0	13,897	2	200DB	È	11,495	1,601	13,096
List	Listed Property														
Liste	Listed property with more than 50% business use (Line 25 and 26)	an 50% busin	esa use	(Line 25 an	id 26)										
	1986 Chevy Box Van	10/29/2008	^- 2	100 00%	215	0	0		215	Ŋ	S	MQ4	5	43	48
56	1998 Ford Van	10/29/2003	/-/	100 00%	7,750	0	0	0	7,750		SUGDS	¥	6,717	1,033	7,750
	Compad Desktop Com	1/15/2008	Ŧ	100 00%	770	0	0		0//		S	ğ	135	<u>\$</u>	289
	Disk Duplicator DVD-R		4	100 00%	1,115	0	0		1,115		જ	MQ	195	223	418
	Donated - three compu	Ī	4	100 00%	4,000	0	0		4,000		SF	È	2,000	800	2,800
	Magnayox TV		F-15	100 00%	351	0	0		351	ß	S	Σ	66	2	169
	Projector	10/10/2007	F-15	100.00%	875	0	0		875		S	Ξ	219	175	394
	Refrigerated Truck	8/12/2008	6 - 7	100 00%	2,000	0	0		2,000		ร	MQ3	150	400	220
	Toshiba Laptop	3/19/2009	4	100 00%	1.174	0	0		1,174		ร	δ	0	202	202
	Van	5/23/2007	6->	100 00%	18,050	0	0		18,050		징	∑ u.	6,017	3,610	9,627
												•			-
	Total listed prop with > 50% business use	50% business	nse	'	36,300	0	0	0	36,300			•	15,537	6,713	22,250
	Subtotal Listed Property	roperty		•	36,300	0	0	0	36,300				15,537	6,713	22,250
		•		'							•				-
											•				

Daily Bread Ministries, Inc. 74-2863470 12/31/09

Form 990, Part IX, Line 24f, All Other Expenses

	Total Expenses	Program Service Expenses	Management General Expenses	Fundraising Expenses
Contract Labor	2,000	-	2,000	-
Charitable Donations	3,015	-	3,015	-
Equipment Rental	3,999	3,999	-	-
Freight	22,490	22,490	-	-
Gasoline	16,714	16,714	-	-
Pest Control	62	62	-	-
Warehouse Supplies	1,048	-	1,048	-
Taxes and Licenses	1,154	1,154	-	-
Trash Collection	1,377	1,377	-	-
Miscellaneous Expense	363		363	
	52,222	45,796	6,426	<u> </u>

Daily Bread Ministries, Inc. Form 990 December 31, 2009-74-2863470

Form 990, Parts I and III, Organization's Mission and Significant Accomplishments:

Mission: Daily Bread Ministries (DBM) is a faith-based San Antonio non-profit founded in 1996 and granted 501c3 status in 1997. Since then, DBM has continuously provided free food and other goods to compassion organizations that have direct contact with people in need. Each week about 150 churches and compassion outreach organizations receive food and goods from Daily Bread Ministries. Organizations registered with DBM can pickup twice a week on Tuesday, Thursday or Saturday morning. DBM operates on a low overhead due to the organization's ability to leverage a large volunteer base which includes volunteer drivers that run daily routes to collect surplus goods from suppliers throughout the area. The collected goods are then brought to our central warehouse located at 700 West Houston Street in downtown San Antonio. Typically food is sorted and redistributed to recipient organizations within 48 hours. Daily Bread Ministries has also been instrumental in establishing and mentoring partner Texas food distribution centers in Atascosa, Bandera, Comal, Guadalupe, Kendall, Maverick, and Wilson counties. Additional information is available on our website at: www.dailybreadministries.org.

DBM utilizes a sound financial management system that complies with the IRS 501(c)(3) requirements. Additionally, DBM implemented and maintains the Evangelical Council for Financial Accountability (ECFA) "Best Practices" regarding Finance, Fund Raising, Conflicts of Interest, Board Governance, Transparency and Doctrinal Issues. Since 2002 an independent annual certified financial audit has been conducted yearly. Our financial year begins January 1 and ends December 31.

The DBM President is an active member of local organizations addressing disaster response and hunger relief (San Antonio Area Volunteer Organizations Active in Disaster; South Alamo Regional Alliance for the Homeless; San Antonio/Bexar County Continuum of Care; Faith Based Readiness and Resiliency Center; Retired Senior Volunteer Program; and Somebody Cares America – San Antonio Chapter).

Daily Bread Ministries is governed by a Board of Directors that works collaboratively with the President to develop strategies and policies. The board also provides an independent check on operations, as well as connections to the community of interest that the organization serves. The president leads the staff and volunteers; provides a bridge to the community; donors and recipient agencies served; and charts the course for the future.

Daily Bread Ministries, Inc. Form 990 December 31, 2009 74-2863470

Accomplishments:

DBM collected and gave away 3.9 million pounds of food as detailed in table 1.

CATEGORY	Weight in Pounds:	\$ Value	%				
Bakery	354,326	\$559,835	9.16%				
Beverage	573,473	\$906,087	14.82%				
Catering	71,725	\$113,326	1.85%				
Dairy	254,374	\$401,911	6.57%				
Fruit	775,782	\$1,225,736	20.05%				
Groceries	578,619	\$914,218	14.95%				
Meat	33,666	\$53,192	0.87%				
Other	84,643	\$133,736	2.19%				
Paper Products	7,537	\$11,908	0.19%				
Prepared Food	6,415	\$10,136	0.17%				
Produce - Mixed	225,969	\$357,031	5.84%				
Vegetable	902,626	\$1,426,149	23.33%				
* Grand Totals	3,869,155	\$6,113,265	100.00%				
Table 1							

The organization supplied free food to 163 churches and compassion organizations which resulted in feeding approximately 20,000 individuals monthly (table 2).

Served Population

2009 Year-end Totals

Adult Child 169,482 85,739

2009 Year-end Monthly Averages

Adult Child 14,124 7,145

Registered Agencies: 163

Table 2

In 2009 DBM became a distribution partner with Kids Against Hunger. Our proven track record of successfully getting food, distributing it properly, and being able to 2 | P a g e

handle the responsibilities of a feeding program, qualified us for this wonderful program. We are now able to assemble, package and ship this nutritional food product directly from DBM San Antonio.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB_No._1545-0172

► See separate instructions. ► Attach to your tax return.

Sequence No 67

Name(s) shown on return	Business or activ	Identifying number					
Daily Bread Ministries, Inc.	990				74-2863470		
Part I Election To Expense Certain	•						
Note: If you have any listed property, co							
Maximum amount. See the instructions for a higher limit for certain businesses				1	250,000		
2 Total cost of section 179 property placed in service (see instructions)							4,924
3 Threshold cost of section 179 property before reduction in limitation (see instructions)						_	800,000
						4	0
5 Dollar limitation for tax year. Subtract line				_		اءا	250,000
separately, see instructions			t (business use			. 5	250,000
(a) Description of property	**	(b) Cos	t (business use	only)	(c) Elected co	SI	
7 Listed property. Enter the amount from line	e 29	l	· · · · · · · · · · · · · · · · · · ·	7			
8 Total elected cost of section 179 property.				· · · <u></u>	<u> </u>	8	0
9 Tentative deduction. Enter the smaller of						9	0
10 Carryover of disallowed deduction from line						10	
11 Business income limitation. Enter the small	•					. 11	
12 Section 179 expense deduction. Add lines						12	0
13 Carryover of disallowed deduction to 2010						0	
Note: Do not use Part II or Part III below for lis	ted property Ins	tead, use Part V	/.				
Part II Special Depreciation Allowa	nce and Other	Depreciation	(Do not inc	lude listed p	roperty.) (See	instruc	ctions.)
14 Special depreciation allowance for qualifie	d property (other	than listed prop	erty) placed i	n service			
during the tax year (see instructions)				. 		14	
15 Property subject to section 168(f)(1) election						15	
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do no	<u> </u>				<u> </u>	16	3,815
Part III MACRS Depreciation (Do no	t include listed		<u>e instruction</u>	s.)			
		Section A				14-1	4.054
17 MACRS deductions for assets placed in se						17	4,051
18 If you are electing to group any assets place					▶ □	· fee	438-3 ,
general asset accounts, check here							
Section B - Assets Placed						<u>m</u>	
	(b) Month and	(c) Basis for	(d) Recovery	1	(f)		(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depred	ciation deduction
40 a 2 year property	in service	(business/investment)				+	
19 a 3-year property	-				 	+	
b 5-year property c 7-year property						+	
d 10-year property	- * '					+	
e 15-year property						 	
f 20-year property	٠, ,				 	†	· · ·
g 25-year property			25 yrs.		S/L	1	
h Residential rental			27.5 yrs.	MM	S/L	1	
property	-	†	27.5 yrs.	MM	S/L	1	
i Nonresidential real	-		39 yrs.	MM	S/L	.1	
property			1	MM	S/L	T	
Section C - Assets Placed in	Service During	2009 Tax Year	Using the Al	ternative De	preciation Syste	em	
20 a Class life					S/L		
b 12-year	j		12 yrs.		S/L		
c 40-year			40 yrs.	MM	S/L		
Part IV Summary (See instructions.)							
21 Listed property. Enter amount from line 28						21	6,713
22 Total. Add amounts from line 12, lines 14	through 17, lines	19 and 20 in co	olumn (g), and	d line 21.			
Enter here and on the appropriate lines of					<u>ions</u>	22	14,579
23 For assets shown above and placed in ser	-	urrent year, ente	er the portion				
of the basis attributable to section 263A co	osts			23		- 1	

Form 4562 (2009) Daily Bread Ministries, Inc. Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a. 24b. columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? No Yes 24b If "Yes," is the evidence written? Yes No (c) Business/ (b) (e) Basis for dep-(g) (i) Type of property investment use Cost or Date placed reciation (business/ Recovery Method/ Depreciation Elected section 179 (list vehicles first) other basis in service percentage investment use only) period Convention deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). 26 Property used more than 50% in a qualified business use: % See statement 6.713 27 Property used 50% or less in a qualified business use: S/L -S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 6,713 Add amounts in column (i), line 26. Enter here and on line 7, page 1 _ Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (a) (b) (c) (d) Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting Vehicle 1 Vehicle 2 Vehicle 3 See Stmnt Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No No Yes No 34 Was the vehicle available for personal Yes No Yes No Yes use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. **Amortization** (b) Date (d) **(f)** (a) (c) (e) amortization Amortizable Code Amortization period Amortization for Description of costs this year amount section beains or percentage Amortization of costs that begins during your 2009 tax year (see instructions):

Total. Add amounts in column (f). See the instructions for where to report

43