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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **DAILY BREAD INC**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
815 E FEE AVENUE
 City or town, state or country, and ZIP + 4
MELBOURNE FL 32901-4612

D Employer identification number
59-2846212

E Telephone number
321 723-1060

G Gross receipts \$ **531374**

F Name and address of principal officer **JOHN E FARRELL, EXEC. DIRECTOR**
815 E FEE AVENUE MELBOURNE FL 32901-4612

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **www.dailybreadinc.org**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1987** **M State of legal domicile** **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SOUP KITCHEN, FOOD DISTRIBUTION CENTER

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	19
6 Total number of volunteers (estimate if necessary)	6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	381841	377793
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9228	12848
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142307	140733
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	533376	531374
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	165176	173695
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	325238	293842
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	490414	467537
19 Revenue less expenses. Subtract line 18 from line 12	42962	63837

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2461057	2527682
21 Total liabilities (Part X, line 26)	11388	14176
22 Net assets or fund balances. Subtract line 21 from line 20	2449669	2513506

Part II Signature Block

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

Sign Here **John E. Farrell** **8/15/2011**
 Signature of officer Date

John E. Farrell, Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **JEAN ANN LITTLEFIELD** Preparer's signature **Jean Ann Littlefield** Date **8/3/11** Check ☐ if self-employed PTIN **P00289887**

Firm's name ▶ **LITTLEFIELD AND WHITWORTH, INC** Firm's EIN ▶ **59-3417114**

Firm's address ▶ **2800 AURORA RD STE C MELBOURNE FL 32935-2096** Phone no **321 254-800**

discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Work Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2010)

4.25 m2-12p

ENVELOPE DATE AUG 14 2012

SCANNED SEP 05 2012