# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

Open to Public

Department of the Treasury

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

Intern	al Revenu	e Service	Go to www.irs.gov/roi	meso for mistractions ar			ition.		mspection
<u> </u>	For the	2018 cal	lendar year, or tax year beginning		, and e	ending			
<b>B</b> 0	check if a	pplicable	C Name of organization <u>Bread</u> of Life,	Inc			D Employeri	dentifica	tion number
$\Box$	ddress c	hange	Doing business as						
$\equiv$		-	Number and street (or P O box if mail is not	delivered to street address)	Room/suite		76-0386510		
<u> </u>	lame cha	ange	2019 Crawford Street				E Telephone	number	
	nıtlal retu	m	City or town	State	ZIP code		(740) 050 05		
ᆜ "			Houston	TX	77002		(713) 650-05	95	
LJ F	ınal retum/	/terminated		province/state/county	Foreign posta	l code			
$\overline{\Box}$	mended		t dreight country frame	provincerstatereesing	. Groigii poola		G Gross recei	nts S	5,395,767
שׁ'	menaea	return				T	0 0.035 (000)	ριο <b>ψ</b>	
$\Box$	pplicatio	n pending	F Name and address of principal officer		_	H(a) is th	ns a group return fo	r subordina	ates? Yes X No
			Catherine Flowers 2019 Crawford St	reet, Houston, TX 7700	12 ~	H(b) An	e all subordinates	ıncluded	2 Yes No
						<b>⊣</b> ``	'No," attach a list		
	ax-exem	·		(insert no ) 4947(a)(1)	) or 524	<b>」</b> "	ito, allacira list	(300 11131	a dollorio)
JV	Vebsite	: Nw	w breadoflifeinc org			H(c) Gr	oup exemption nu	ımber 🕨	
		rganization	X Corporation Trust Associa	ation Other ▶	1 1 1	ar of form	ation 4000	M Stat	te of legal domicile TX
		<del></del>		attori Cirie: P	<u> </u>		ation 1992	in Ola	te of legal domicile TX
P	art l		mmary						
	1	Briefly d	describe the organization's mission or	most significant activitie	s Brea	ad of Lif	e, Inc. provide	es prog	rams
9			on disaster relief, community develop			man ser	vices		
Activities & Governance	1		ganization distributes tons of food and						
7			•				OEO/		
ð	2			continued its operations	or aisposed	or mor	e than 25% o	- 1	
Ö	3	Number	r of voting members of the governing I	obolate baut Al/ Nute (14)	}		L	3	5
ο <b>5</b>	4	Number	r of independent voting members of th	e doverning body Part	yl, line 1b)			4	5
<u>ë</u> .	5	Total nu	imber of individuals employed incealer	ndar vear 2018 (Part V.	line 2a)		Ţ	5	5
.≅	6	Total ni	umber of volunteers (estimate if nedes	100 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ől ′			6	20
5	i	Total	related business revenue from Part V	(III. column (C) line 12	ψ.		-	7a	0
•	7a				<u>∝</u>		-		<del></del>
	<u>b</u>	Net unr	elated business taxable income from		7b	0			
	İ		<u> </u>	Prior Year		Current Year			
<u>o</u>	8	Contribi	utions and grants (Part VIII, line 1h)				6,302,	592	5,348,630
Revenue	9	Progran	n service revenue (Part VIII, line 2g)		0	0			
ž	10	Investm	ent income (Part VIII, column (A), line		0	0			
œ	11		evenue (Part VIII, column (A), lines 5,		e) .		75.	020	47,137
	12		venue—add lines 8 through 11 (must equ				6,377		5,395,767
	13		and similar amounts paid (Part IX, col	0,011	0	0,000,10			
	1								0
	14		s paid to or for members (Part IX, colu		5 40)	-		0	
es	15	Salaries	, other compensation, employee benefits	s (Part IX, column (A), line	es 5–10)	<u> </u>	48,	,317	149,443
ПŜ	16a	Profess	sional fundraising fees (Part IX, columi	n (A), line 11e)		L		0	0
Expenses	b	Total fu	indraising expenses (Part IX, column (	(D), line 25) ►	(	)			
ũ	17	Other e	expenses (Part IX, column (A), lines 11	la-11d, 11f-24e)			5,798	147	5,607,213
	18		xpenses Add lines 13-17 (must equa		e 25)		5,846	464	5,756,656
	19		ie less expenses Subtract line 18 from		,			148	-360,889
e o		TTEVELLO	ie iess expenses Guerraet line To Iron	11110 12		Begin	ning of Current		End of Year
ts o	20	Takala	neets (Bort V. Irra 46)			20911			
Net Assets ( Fund Balanc	20		ssets (Part X, line 16)		•	-		,941	880,327
Z Z	21		abilities (Part X, line 26)		•			,761	604,035
, žZ	22		ets or fund balances. Subtract line 21	from line 20			637	,180	276,292
	ırt II	\$ig	nature Block						
			ry, I declare that I have examined this return, incl						
and	belief, it i	is true, com	ect, and complete Declaration of preparer (other	than officer) is based on all inf	formation of whi	ch prepare	er has any knowle	dge	Mark and the first teachers and the first tea
			11/2						
Sig			Signature of offiser	<u> </u>	1 (		Date		F 10
He	re		Chiel	Financia	10+	Sico		6,	5.19
			- Chief	111011.0.00	· // \	<u> </u>	<u>r</u>		····
			Type or print name and title	r		1 =			l pru
		Prır	nt/Type preparer's name	Preparer's signature		Da		ack [	T , PTIN
Pa	id							eck elf-employ	」 if   red
Pro	epare	r		<u> </u>		<u> </u>	Se	ciripidy	
	e Onl		m's name 🕨				Firm's EIN		
~~	· -···	- 1	m's address 🕨				Phone no		
A.A				above2 (see instruction	ne)	*****			
ivia	y the It	SUDRID GF	ss this return with the preparer shown	above (see instruction	13)				Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form 9	90 (2018) Bread of Life, Inc	76-0386510	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III.		
1	Briefly describe the organization's mission		
	Bread of Life, Inc. provides programs focused on disaster relief, community development,		
	The Organization distribution of food and		
	produce to persons with food insecurities. During 2017, Hurricane Harvey struck Houston and		
	caused wide-spread disaster and need. This need continued into 2018		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	<b>1</b>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	X No
	If "Yes," describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	allocations to others.	
	the total expenses, and revenue, if any, for each program service reported		
	,		
4a	(Code ) (Expenses \$ 57,743 including grants of \$ ) (Rever	 nue \$	<u> </u>
74	Advocacy- Includes a radio station, youth leadership development, newsletter and volunteer		/
	program		
	Production		
4b	(Code ) (Expenses \$ 437,546 including grants of \$ ) (Rever	nue \$	)
	Disaster Relief- Case management, distribution center and on-line tools including My Harvey Needs		
	and a Mobile Tool Bank. Includes such services such as disaster relief case management, disaster		
	relief distribution center providing food and other supplies to persons impacted by disaster,		
	on-line link to apply for disaster relief as well as on-line tools needed to assist persons with		
	their disaster needs		
40	(Code ) (Expenses \$ '4,965,984 including grants of \$ ) (Rever	nue \$	
4c	Health and Human Services- Focuses on the physical needs of the community by providing food and		
	non-food items to the Greater Houston area citizens. The goods provided are mostly donated by		
	other charitables organizations and from the private sector		
	***************************************		
	***************************************		
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total program service expenses ► 5,461,273		

orn	990	(2018	Bread of Life.	
OLIG	1 220	2010	DIEAU OI LIIE.	

**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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
d	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	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

19

20a

20b

Pan	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		х
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\frac{\hat{x}}{x}$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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		_ X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
	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		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	300		<del>  ^</del>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		
4-	Enter the number reported in Pay 3 of Form 1006 Enter Out and applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 41  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	{		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c	Х	_
			990	(2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			Τ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
24		5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del>  ^</del>	<b></b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del>  ^</del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	"	ļ	$\vdash$
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	74		<del>  ^`</del>
IJ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	100		Ť
IJ	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	1		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		<b>†</b>
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	··•		<del>                                     </del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b></b>	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		†
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	1	<del>                                     </del>
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	T	1
10	Section 501(c)(7) organizations. Enter		İ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	1		
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			$\Box$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$\top$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year	15	1	X
		"	1	+~
4.5	If "Yes," see instructions and file Form 4720, Schedule N	40	+-	+-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	+	X
	If "Yes." complete Form 4720. Schedule O	1	1	1

orm 9	90 (2018)	Bread of Life, Inc		0386510		age 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through				
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			ructiç	ns.
		Check if Schedule O contains a response or note to any line in this Part VI.			L	
Sect	ion A.	Governing Body and Management				
					Yes	No
1a	Enter th	ne number of voting members of the governing body at the end of the tax year	1a	5		. 1
	If there	are material differences in voting rights among members of the governing body, or			1	
	If the g	overning body delegated broad authority to an executive committee or similar				, }
	commit	tee, explain in Schedule O				1
b	Enter th	ne number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any	officer, director, trustee, or key employee have a family relationship or a business relations	ship with	]		نـــــ
	any oth	er officer, director, trustee, or key employee?	•	2		X
3	Did the	organization delegate control over management duties customarily performed by or under	the direct		1	ſ
	superv	sion of officers, directors, or trustees, or key employees to a management company or other	er person?	3		Х
4		organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the	organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the	organization have members or stockholders? .		6		Х
7a	Did the	organization have members, stockholders, or other persons who had the power to elect or	appoint		- 1	
	one or	more members of the governing body?		7a		X
b	Are an	$\gamma$ governance decisions of the organization reserved to (or subject to approval by) members	5,			
	stockho	olders, or persons other than the governing body?		7b		X
8	Did the	organization contemporaneously document the meetings held or written actions undertake	n during			l
	the yea	r by the following				
а	The go	verning body?		8a	Х	
b		ommittee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached			
		organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B.	Policies (This Section B requests information about policies not required by the	<u>Internal Revenu</u>	<u>ie Code</u>	<u> </u>	
				40	Yes	No
10a		organization have local chapters, branches, or affiliates?	-11	10a		X
b		" did the organization have written policies and procedures governing the activities of such		405		
		s, and branches to ensure their operations are consistent with the organization's exempt pu		10b	Х	<del></del>
11a		organization provided a complete copy of this Form 990 to all members of its governing body before a School to O the assessment from your but the page 1990 to all members of its governing body before a second but the assessment to several the form 990 to all members of its governing body before the several transfer to the several transfer transfer to the several transfer t	ore ming the form?	118		
b 120		be in Schedule O the process, if any, used by the organization to review this Form 990 organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
12a		fficers, directors, or trustees, and key employees required to disclose annually interests that could	aive rise to conflicts			X
b		organization regularly and consistently monitor and enforce compliance with the policy? If		120		<u> </u>
·		ne in Schedule O how this was done	763,	12c		x
13		organization have a written whistleblower policy?		13		X
14		organization have a written document retention and destruction policy?		14	Х	
15		process for determining compensation of the following persons include a review and appro	oval by			
. •		ndent persons, comparability data, and contemporaneous substantiation of the deliberation				
а		ganization's CEO, Executive Director, or top management official		15a	X	
b		officers or key employees of the organization		15b	Х	
		to line 15a or 15b, describe the process in Schedule O (see instructions)				,
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gement			
	with a	taxable entity during the year?		16a		Х
b	If "Yes	" did the organization follow a written policy or procedure requiring the organization to eval	uate its			
	particip	pation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			<b> </b> ;
	the org	anization's exempt status with respect to such arrangements?	•	16b		<u> </u>
Sect		Disclosure				
17	List the	e states with which a copy of this Form 990 is required to be filed				
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990		on 501(c)		
	_	ly) available for public inspection. Indicate how you made these available. Check all that ap				
			xplaın ın Schedule			
19		be in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest	policy, an	id	
00		al statements available to the public during the tax year	haalaa aad aa aa l			
20	State t	he name, address, and telephone number of the person who possesses the organization's				
		Catherine Flowers 2019 Crawford Street, Houston, TX 77	(713) 650-0	J <del>3</del> 3		

Form 990 (2018)	Bread of Life, Inc	76-0386510	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	rsated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending wit tax year.	h or within the	
<ul> <li>List all</li> </ul>	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), rega	rdless of amount	
of compensat	ion Enter -0- in columns (D), (E), and (F) if no compensation was paid		
<ul> <li>List all</li> </ul>	of the organization's current key employees, if any See instructions for definition of "key employee		

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A)	(B)	Position (do not check more than one					ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	Estimated
	hours per week (list any		officer and a director/trustee)					compensation from	compensation from related	amount of other
	hours for	혈	nstit	)∄	(ê)	ldtu aubil	Former	the	organizations	compensation
	related organizations	ecto	ļ E	4	iğ.	est c	띡	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	duto				and related organizations
	ilite)	ı iğ	uste	-	"	ensa	-			organization o
			"_		<u> </u>	Highest compensated employee				
(1) Melvin Gray	1 00									
President	0 00	X			$oxed{oxed}$		L.			
(2) D'ante Girron	1 00									
Member	0 00	X	<u> </u>				ļ			
(3) David Feldman	1 00									
Member	0 00	X	ļ	<u> </u>	<u> </u>		_			
(4) Mignon Zezqueaux	1 00									
Member	0 00	Х	┡	<u> </u>	<u> </u>					<del> </del>
(5) Crystal Le	1.00						]			
Member	0 00	+	┡	<u> </u>	_	ļ				
(6) Carlecia Wright	1 00					1				
Member	0 00	-	ļ		ļ	<u> </u>	<u> </u>			
(7) Catherine Flowers	40 00	1								
CEO	0 00		$\vdash$		X		_			
(8)										
(9)			T		<del>                                     </del>					
(10)										
			╁	├	-	1	-			
(11)	<del> </del>									
(12)										
		<u> </u>	_	<u> </u>	<u> </u>	<b> </b>				
(13)										
(14)		İ								
		1					<u>L_</u>		L	

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box,	untes e <u>r an</u>	s pe d a d	ition more rson	than o	an ee)	(D) Reportable compensation from	(E) Reportab compensat from relat	tion	am	(F) timated ount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer ;	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	comp fro orga and	pensati om the anization relate nization	on d
(15)													<del></del>	
(16)														
(17)														
(18)														
(19)													•	
(20)														
(21)							-							
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						<b>\</b>	0		0 0			0 0 0
2	Total number of individuals (including but not li reportable compensation from the organization		sted	abo	ve) v	who	rece	ivec	more than \$100	0,000 of				
3	Did the organization list any former officer, directly employee on line 1a? If "Yes," complete School	ector, or trustee,				e, (	or hig	hes	t compensated				Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greater	of reportable cor	mpen	satı								4		×
5	Individual  Did any person listed on line 1a receive or acc									vidual	·	5		
Sec	for services rendered to the organization? If "Y tion B. Independent Contractors	es, complete S	cnea	uie .	וטו נ	Suc	сп ре	1501	<u>, , , , , , , , , , , , , , , , , , , </u>			3	1	X
1	Complete this table for your five highest compe compensation from the organization Report co year											tax	·=	
	(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) Compen		
								-						0
								$\vdash$	<del></del>				<del>-</del>	<u>0</u> 0
														0
2	Total number of independent contractors (inclu	iding but not lim	ited t	o the	ose	liste	ed ab	ove)	) who received				_	
	more than \$100,000 of compensation from the		▶				0							•

76-0386510

rait	VIII	Check if Schedule O contains	a response	or n	ote to any line in	this Part VIII			
	,		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
र र	1a	Federated campaigns		1a	0				
ran	b	Membership dues		1b	0				
S, G	С	Fundraising events		1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	<u> </u>		1d	0				
	е	Government grants (contribution		1e	0				
er S	f	All other contributions, gifts, gran	1						,
를 들		similar amounts not included abo		1f	5,348,630				
jo pi	g	Noncash contributions included in l	lines 1a–1f	\$	5,067,830				
	h	Total. Add lines 1a-1f			.>	5,348,630			
e					Business Code				
ven	, 2a					0			
8	, b					0			
2	C					0			
Program Service Revenue	d					0			
ā	е					0			
<u>6</u>	f	All other program service revenu				0			
ο.	<u>g</u>	Total. Add lines 2a-2f			<u> </u>	0		1	]
	3	Investment income (including div	vidends, inter	est,	and				
	1.	other similar amounts)			. 0		<u> </u>	1	
	4	Income from investment of tax-e		0					
	5	Royalties	(ı) Real		(ii) Personal	0			
	٠.	0	(i) Real		(II) Personal				
	6a	Gross rents						[	
	b	Less rental expenses		_	0				
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)	(i) Securitie		(II) Other	0			
	7a	Gross amount from sales of	(i) Securitie	_	(1) Outer				
	L	assets other than inventory		0	<u> </u>				
	, b	Less cost or other basis		۸	0				
	_	and sales expenses		0	0				ļ
	C	Gain or (loss) Net gain or (loss)			<u> </u>	0			
	d	Net gain or (loss)			<u> </u>	- O			
nue	8a	Gross income from fundraising							
		events (not including \$	0						
è		of contributions reported on line	1c)						1
7		See Part IV, line 18		а	0				!
Other Reve	' b	Less direct expenses		b	0				4
, <b>U</b>	C	Net income or (loss) from fundra	sising events		<b>•</b>	0			
	9a	Gross income from gaming activ	/ities						,
		See Part IV, line 19		а	0				
		Less direct expenses		b	0		. <del></del>	·	
		Net income or (loss) from gamin	ig activities			0		ļ	
	10a	Gross sales of inventory, less			_				
		returns and allowances	•	a	0			1	1
	þ	Less cost of goods sold		b	0				
	<u>c</u>	Net income or (loss) from sales	of inventory		<u> </u>	0			<u></u>
		Miscellaneous Revenue			Business Code				
		Radio station support				39,731		ļ	ļ
	b	Miscellaneous				7,406			<del> </del>
	C					0			
	d	All other revenue			L	0			ļ
		Total. Add lines 11a-11d			<b>&gt;</b>	47,137			
	12	Total revenue. See instructions			<b>&gt;</b>	5,395,767	0	0	1 0

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Do not include amounts reported on lines 6b, 7b, Management and Total expenses Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 0 2 Grants and other assistance to domestic 0 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 0 0 Benefits paid to or for members Compensation of current officers, directors, 95.353 0 95,353 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 46,310 25,452 20,858 7 Other salaries and wages Pension plan accruals and contributions (include 8 0 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 10 Payroll taxes 7.780 17,220 -9,440 11 Fees for services (non-employees) Management 0 900 17.289 18,189 b Legal 25,552 0 25,552 Accounting C 0 Lobbying đ 0 Professional fundraising services See Part IV, line 17 0 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 245 245 12 Advertising and promotion 4,927 1,167 3,760 9,601 1,862 13 Office expenses 11,463 Information technology 16,015 14,214 1,801 14 0 15 Royalties 74,011 12,237 61,774 16 Occupancy 899 862 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 13.251 0 13,251 20 Interest 21 Payments to affiliates 14,795 22 Depreciation, depletion, and amortization 14.795 0 0 31,988 0 31,988 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Disaster assistance 91,289 91,283 2,085,054 2.085.054 0 Distribution food 2,855,284 2,855,284 0 c Distribution non-food items 206,058 201,198 4,860 Contract labor 10,812 158,193 147,381 All other expenses Total functional expenses. Add lines 1 through 24e 5,756,656 5,461,273 295,383 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

	•			
Form 99	90 (2018) Bread of Life, Inc			76-0386510 Page <b>11</b>
Part	X Balance Sheet			
	Check if Schedule O contains a response	or note to any line in this Part X		
		(A) Beginning of year		(B) End of year
$\neg$	1 Cash—non-interest-bearing	. 485,697	1	210,441
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
ĺ	4 Accounts receivable, net	0	4	1,425
	5 Loans and other receivables from current and trustees, key employees, and highest compe Complete Part II of Schedule L	i I		·
gg	Loans and other receivables from other disqualified per 4958(f)(1)), persons described in section 4958(c)(3)(B sponsoring organizations of section 501(c)(9) voluntar organizations (see instructions). Complete Part II of S	ersons (as defined under section ), and contributing employers and y employees' beneficiary	6	
ssets	7 Notes and loans receivable, net	0	7	0
<b>U</b> /		<del></del>		

ĺ		4958(f)(1)), persons described in section 4958(c)(3)(B), a		* ' '			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary					
Assets		organizations (see instructions). Complete Part II of Schedule L			0	6	
20	7	Notes and loans receivable, net			0	7	0
1	8	Inventories for sale or use			95,000	8	162,191
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	813,865			
	b	Less accumulated depreciation	10b	383,782	14,604	10c	430,083
	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	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11 .			70,640	15	76,187
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	665,941	16	880,327
	17	Accounts payable and accrued expenses			3,166	17	5,179
	18	Grants payable	0	18			
	19	Deferred revenue			0	<sup>'</sup> 19	203,858
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete	0	21			
Š	22	Loans and other payables to current and forme	r office	rs, directors,			
Liabilities		trustees, key employees, highest compensated	<u>.</u>				
ਰੂ		disqualified persons Complete Part II of Sched	0	22			
Ĕ	23	Secured mortgages and notes payable to unrel	ated th	ird parties	0	23	367,041
	24	Unsecured notes and loans payable to unrelate			0	24	0
•	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17–2	4) Complete Part X			
		of Schedule D			25,595	25	27,957
	26	Total liabilities. Add lines 17 through 25			28,761		604,035
		Organizations that follow SFAS 117 (ASC 95	8), che	ck here ► X and			
ces		complete lines 27 through 29, and lines 33 a	•				
Ö	1			-	<del></del>	—	.

Net Assets or Fund Balances 637,180 27 276,292 27 Unrestricted net assets 0 28 28 Temporarily restricted net assets 0 29 Permanently restricted net assets ▶ and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 0 30 30 Capital stock or trust principal, or current funds 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form **990** (2018)

276,292

880,327

637,180

665,941

33

Form 9	990 (2018) Bread of Life, Inc	76	3-0386510	Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,395	,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,756	,656
3	Revenue less expenses Subtract line 2 from line 1	3		-360	,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		637	180
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		276	,292
Part				-	_
	Check if Schedule O contains a response or note to any line in this Part XII .				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_   .		. ]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		'		,
	Schedule O		<u></u>  -		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		:	٠,	. 1
	reviewed on a separate basis, consolidated basis, or both				. 1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ŀ	. 1
	separate basis, consolidated basis, or both				.
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1.	-	
	Schedule O			]	<b> </b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	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		3b		Х
			Eorm C	חםנ	(2010)

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

tion 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

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

| Employer Identification number

OMB No 1545-0047

Open to Public Inspection

76-0386510 Bread of Life, Inc. Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization 0 Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** n 0

2 /	าว	22	5	ın	

Schedule A (Form 990 or 990-EZ) 2018 Bread of Life, Inc

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning ın)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	401,534	142,546	173,971	183,658	280,000	<u>1,181,709</u> 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3 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	401,534	142,546	173,971	183,658	280,000	1,181,709
_	shown on line 11, column (f)	-					4 404 700
6	Public support Subtract line 5 from line 4					1	1,181,709
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	401,534	142,546	<del>,                                    </del>	183,658	280,000	1,181,709
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	701,907		110,011	100,000	255,500	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10					40	1,181,709
12	Gross receipts from related activities, etc. (si First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, s		h, or fifth tax year a	as a section 501(c)	(3)	▶ 🗌
	tion C. Computation of Public Su						100.000
14	Public support percentage for 2018 (line 6, c			<b>(</b> †))		15	100 00%
15 16a	Public support percentage from 2017 Sched 33 1/3% support test—2018. If the organizand stop here. The organization qualifies as	ation did not check	the box on line 13	s, and line 14 is 33	1/3% or more, che		100 00% ► X
b	33 1/3% support test—2017. If the organiz box and stop here. The organization qualific				is 33 1/3% or more	, check this	<b>▶</b> □
	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets the "fact organization".	the "facts-and-circi s-and-circumstanc	umstances" test, ches" test The organ	neck this box and s nization qualifies as	top here. Explain a publicly support	ın ed	▶□
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and	d-circumstances" te	est, check this box	and stop here.		<b>▶</b> □
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees				¨		
	received (Do not include any "unusual grants ")					280,000	280,000
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf .			_			<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	280,000	280,000
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	1				1	
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from	:		•	·		
	line 6)	٠ -			•	<u></u>	280,000
	ction B. Total Support	(-) 2044	(F) 2045	(-) 201C	(4) 2047	(*) 2040	(D. T-+-)
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0	0	280,000	280,000
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
	royalties, and income from similar sources					-	0
Đ	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975 .  Add lines 10a and 10b	0	0	0	0	o	0
	Net income from unrelated business					<u></u>	<u>U</u>
11	activities not included in line 10b, whether						
							0
12	or not the business is regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,						
13	and 12)	l	o	o	ا ه	280,000	280,000
14	First five years. If the Form 990 is for the o						200,000
	organization, check this box and stop here	. <b>.</b>					. ▶□
Sec	ction C. Computation of Public Su	pport Percenta	age	·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		······································	
15	Public support percentage for 2018 (line 8, o	<del></del>		(f) .		15	100 00%
16				` '/		16	0 00%
		• • •	15 .				
Sec	Public support percentage from 2017 Sched	ule A, Part III, line		•			
<u>Sec</u>	Public support percentage from 2017 Sched ction D. Computation of Investmen	ule A, Part III, line nt Income Perc	entage	column (f))		17	0 00%
	Public support percentage from 2017 Sched	ule A, Part III, line nt Income Perc e 10c, column (f), d	centage ivided by line 13, o	column (f))	,		0 00% 0 00%
17 18	Public support percentage from 2017 Sched ction D. Computation of Investment Investment income percentage for 2018 (line	ule A, Part III, line  nt Income Perce e 10c, column (f), d chedule A, Part III,	centage ivided by line 13, o line 17		ore than 33 1/3%,	17 18	
17 18	Public support percentage from 2017 Sched ction D. Computation of Investmer Investment income percentage for 2018 (lining Investment income percentage from 2017 S	ule A, Part III, line  nt Income Perc  e 10c, column (f), d  chedule A, Part III, ization did not chec	centage Ivided by line 13, o line 17 Ik the box on line 1	4, and line 15 is m		17 18	
17 18 19a	Public support percentage from 2017 Sched ction D. Computation of Investmer Investment income percentage from 2018 (line Investment income percentage from 2017 S 33 1/3% support tests—2018. If the organ not more than 33 1/3%, check this box and 33 1/3% support tests—2017. If the organ	tule A, Part III, line  nt Income Perc  e 10c, column (f), d chedule A, Part III, ization did not chec stop here. The org ization did not chec	centage  Ivided by line 13, of line 17  Ick the box on line 1 anization qualifies is a box on line 14	4, and line 15 is m as a publicly suppor or line 19a, and lin	orted organization ie 16 is more than :	17 18 and line 17 is	0 00%
17 18 19a	Public support percentage from 2017 Sched ction D. Computation of Investmer Investment income percentage from 2018 (line Investment income percentage from 2017 S 33 1/3% support tests—2018. If the organ not more than 33 1/3%, check this box and section 2017.	tule A, Part III, line  nt Income Perc  e 10c, column (f), d chedule A, Part III, ization did not chec stop here. The org ization did not chec	centage  Ivided by line 13, of line 17  Ick the box on line 1 anization qualifies is a box on line 14	4, and line 15 is m as a publicly suppor or line 19a, and lin	orted organization ie 16 is more than :	17 18 and line 17 is	0 00%

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. AII	Supporting	<b>Organizations</b>
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part Vi** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
		{ •
2		;
 3b		
 3c		
4a		
4b		<del>`</del>
4c		
5a		
5b	<b>-</b>	
5c		
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,		i
7		
8		
_		
9a		
9b		
9c		i
-		
10a	_	!
 10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			i
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			~
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1-1		
2	Did the organization operate for the benefit of any supported organization other than the supported	+ + +		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			,
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations		L	
0000	on o. Typo ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			١ ;
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ىـ ــا
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ļi
	significant voice in the organization's investment policies and in directing the use of the organization's			,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			نــ ـــا
	supported organizations played in this regard	3	<u> </u>	L
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ruction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instru	ctions	;)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	I	1

Schedule A (Form 990 or 990-EZ) 2018 Bread of Life, Inc		76-0	386510 P	age 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970 (explain	ın Part VI) See	
instructions. All other Type III non-functionally integrated supporting organ	nızatıc	ons must complete Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Ye	ear
Section A - Adjusted Net income		(71) 1 1101 1 101	(optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4	0		0
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0		0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ear
Aggregate fair market value of all non-exempt-use assets (see			•	
instructions for short tax year or assets held for part of year)				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		0
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0		С
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4	0		C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		C
6 Multiply line 5 by 035	6	0		С
7 Recoveries of prior-year distributions	7	0		C
8 Minimum Asset Amount (add line 7 to line 6)	8	0		C
Section C - Distributable Amount			Current Yea	аг
Adjusted net income for prior year (from Section A, line 8, Column A)	1			C
2 Enter 85% of line 1	2			С
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·		C
4 Enter greater of line 2 or line 3	4			C
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6	<u>-</u>		C
7 Check here if the current year is the organization's first as a non functional	lly inte	egrated Type III supporting	organization (se	е
instructions)				

Part \	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)						
Section	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	itions						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions								
7	Total annual distributions. Add lines 1 through 6			0					
8	Distributions to attentive supported organizations to which the	ne organization is respor	sive						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2018 from Section C, line 6			0					
10	Line 8 amount divided by line 9 amount			0 000					
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2018			)					
	(reasonable cause required—explain in Part VI) See								
	instructions								
3	Excess distributions carryover, if any, to 2018								
a									
<u> </u>	From 2014 0		,,,,						
<u>c</u>									
d									
	From 2017 . 0		<del></del>						
	Total of lines 3a through e	. 0		<u>'</u>					
	Applied to underdistributions of prior years		0						
<u> </u>	Applied to 2018 distributable amount			0					
	Carryover from 2013 not applied (see instructions)								
i.	Remainder Subtract lines 3g, 3h, and 3i from 3f	0							
4	Distributions for 2018 from			1					
	Section D, line 7 \$ 0								
	Applied to underdistributions of prior years		0	_					
	Applied to 2018 distributable amount			0					
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0							
5	Remaining underdistributions for years prior to 2018, if								
	any Subtract lines 3g and 4a from line 2 For result								
	greater than zero, explain in Part VI See instructions		0						
6	Remaining underdistributions for 2018 Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in		-	_					
	Part VI See instructions			0					
7	Excess distributions carryover to 2019. Add lines 3j	_							
	and 4c Breakdown of line 7	0	***************************************						
8				1					
<u>a</u>	Excess from 2014 . 0  Excess from 2015 0	<del></del>							
b									
d									
e	Excess from 2018 0	l .		'					

Schedule A (For	m 990 or 990-EZ) 2018 Bread of Life, Inc	76-0386510 Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	17b, Part Section 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions )	<del></del>	
	, 		
	' 		
		**********	
		***************************************	
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### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer Identification numbe Name of the organization 76-0386510 Bread of Life, Inc Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sched	ule D (Form 990) 2018 Bread of Life, Inc				76-03865	10 Page <b>2</b>
	III Organizations Maintaining	Collections of Ar	t Historical Tre	asures or Other		
3	Using the organization's acquisition, a					
•	collection items (check all that apply)	,	,	ŭ	J	
а	Public exhibition		d Loan or	exchange program	s	
b	Scholarly research		e Other			
	=	_	о <u> </u>			
C	Preservation for future generation					o in Dort
4	Provide a description of the organization	on's collections and	explain now they to	inner the organizati	on's exempt purpos	e in Part
5	During the year, did the organization s	olicit or receive don	ations of art, histori	cal treasures, or oth	ner sımılar	
	assets to be sold to raise funds rather	than to be maintain	ed as part of the or	ganization's collecti	on?	Yes No
Pari	Complete if the organization a	answered "Yes" o				on Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or other in	termediary for cont	ributions or other as	ssets not	Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the following table	,	·······	
					Ar	nount
C	Beginning balance			<b>⊢</b>	C	(
d	Additions during the year				d	
е	Distributions during the year				e	
f	Ending balance			<u>_</u>	lf	
2a	Did the organization include an amoun	nt on Form 990, Par	t X, line 21, for esci	row or custodial acc	ount liability?	Yes X No
b	If "Yes," explain the arrangement in P.	art XIII Check here	if the explanation h	as been provided o	n Part XIII .	
Par						
	Complete if the organization	answered "Yes" o	n Form 990, Par	t IV, line 10		,
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0				
b	Contributions					
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
_	and programs			<u> </u>	<del>                                     </del>	ļ <u> </u>
f	Administrative expenses .				0	<del>                                     </del>
g	End of year balance	0	·	<u> </u>	10	<u> </u>
2	Provide the estimated percentage of t			olumn (a)) nelu as		
a	Board designated or quasi-endowmer Permanent endowment	••••	%_			
b	Temporarily restricted endowment	<u>%</u> ▶ %				
С	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the			e held and administ	ered for the	
Ja	organization by	possession or the c	rgamzation that are	o mora arra aarriimiot	orda vor are	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related of	organizations listed a	as required on Sche	edule R?	•	3b
4	Describe in Part XIII the intended use	•	•			
Par					**. *	h
	Complete if the organization		on Form 990, Par	t IV. line 11a. Se	e Form 990, Part	X, line 10.

# 4 P

	Description of property	(a) Cost or other basis (investment) (b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value	
1a	Land	0	225,000		225,000	
b	Buildings	0	0	0	0	
С	Leasehold improvements	0	0	0	0	
d	Equipment	0	430,492	383,782	46,710	
е	Other .	0	158,373	0	158,373	
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X,	column (B), line 10c)	<b>•</b>	430,083	

Part VII		ed "Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives .	0	
(2) Closely-	held equity interests	0	
(3) Other			
(A)			
<u>(B)</u>			
(C)			
<u>(P)</u>			<u> </u>
		<u> </u>	
Total (Calum	on (h) must sound form 000 Bod V and (B) (no 10 )	0	
	Investments—Program Related.	0	
r art VIII		ad "Ves" on Form 990	Part IV, line 11c. See Form 990, Part X, line 13
			(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
<u>(2)</u>		<del></del> -	
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
<u>(9)</u>			
	nn (b) must equal Form 990, Part X, col (B) line 13)	0	
Part IX	Other Assets.		Deat IV has 444 One Form 200 Back V. F. 45
	<del></del>		Part IV, line 11d See Form 990, Part X, line 15.
(4) 0		escription	(b) Book value
	s recievable		3,393 70,640
	to (from) St. Johns UMC inge Suspense		2,154
	inge Suspense		2,134
<u>(4)</u>			
<u>(5)</u> (6)		<del></del>	
(7)	- · · · · · · · · · · · · · · · · · · ·		
(8)		*****	
(9)			
	ımn (b) must equal Form 990, Part X, col (B) lir	ne 15)	▶ 76,187
Part X	Other Liabilities.		
		ed "Yes" on Form 990,	Part IV, line 11e or 11f See Form 990, Part X,
	line 25	•	
1,	(a) Description of liability	(b) Book value	
(1) Federa	al income taxes	0	
(2) Accrue	ed liabilities	14,300	
_(3) Due to	affiliate SJUMC	13,657	
_(4)			
_(5)			
_(6)			
_(7)			
(8)		[	1
(0)	<del> </del>		1
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,957	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Fo	rm 990) 2018	Bread of Life, Inc		 		76-0386510	Page <b>5</b>
Part XIII	Supplemen	Bread of Life, Inc ntal Information	(continued)	 	<u> </u>		_
			, = = ,	 <del></del>			
<b></b>				 			

### **ȘCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Bread of Life, Inc.

Employer identification number

Bread	read of Life, Inc 76-0386510							
Part							•	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		,		ļ			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes		L	······				
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 .				<u> </u>		·	
14	Qualified conservation							
	contribution—Other				ļ			
15	Real estate—Residential		<u> </u>					
16	Real estate—Commercial	ļ			<u>.</u>			
17	Real estate—Other	-			1			
18	Collectibles				<del></del>			
19	Food inventory	ļ			-			
20	Drugs and medical supplies				-			
21	Taxidermy Historical artifacts	<del> </del>			+		<u> </u>	
22 23					+			
24	Archeological artifacts				<del></del>			
25	Other ► ( See Statement )		0	C	,		···-··	
26	Other ► ()		T o		+			
27	Other ► ()		0	<del>                                     </del>	<del></del>		-	
28	Other ▶ (		O	C	,			
29	Number of Forms 8283 received	by the organ	nization during the tax year f	or contributions for				
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organizat	tion receive	by contribution any property	reported in Part I, lines 1 th	rough			
	28, that it must hold for at least th	ree years fr	om the date of the initial cor	itribution, and which isn't red	quired			
	to be used for exempt purposes for		holding period?			30a		Х
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift	acceptance	policy that requires the rev	ew of any nonstandard		.		لنسا
	contributions?.		•			31		Х
32a	Does the organization hire or use noncash contributions?	third parties	s or related organizations to	solicit, process, or sell		32a		Х
b	If "Yes," describe in Part II			·	:	, Ja		

If the organization didn't report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II

33

Schedule M (Fo	orm 990) 2018 Bread of Life, Inc	76-0386510	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	d 33, and whe	ether
	the organization is reporting in Part I, column (b), the number of contributions, the number	of items rece	ived.
	or a combination of both. Also complete this part for any additional information	<b>.</b>	,
	or a combination of both Also complete this part for any additional mornation		
<b></b>			
	***************************************		

### , SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

76-0386510 Bread of Life, Inc. Form 990, Part XII, Section 3, Line b Bread of Life Inc will engage an independent audit no later than July 15, 2019 Form 990, Part IX, Line 1 Rounding

Schedule O (Form 990 or 990-EZ) (2018)	Page Z
Name of the organization	Employer Identification number
Bread of Life, Inc	76-0386510
•••••••••••••••••••••••••••••••••••••••	
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