

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OUR DAILY BREAD

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 14862

City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI OH 45250

D Employer identification number
31-1126386

E Telephone number
513-621-6364

F Name and address of principal officer:
GEORGINE GETTY
P.O. BOX 14862
CINCINNATI OH 45250

G Gross receipts \$ **1,209,179**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.OURDAILYBREAD.US**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **OH**

H(c) Group exemption number ▶

Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	6000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	934,365	1,107,728
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,325	22,128
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,016	1,325
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,005,674	1,131,181
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	485,020	502,738
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,833		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	379,886	596,228
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	864,906	1,098,966	
19 Revenue less expenses. Subtract line 18 from line 12	140,768	32,215	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,518,708	2,591,228
	21 Total liabilities (Part X, line 26)	246,504	230,911
	22 Net assets or fund balances. Subtract line 21 from line 20	2,272,204	2,360,317

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

Signature of officer: **GEORGINE GETTY** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **MARK REDER** Preparer's signature: **MARK REDER** Date: **05/10/17** Check if self-employed PTIN: **P00839365**

Firm's name: **SHELDON REDER CPAS, INC.** Firm's EIN: **31-1340869**
 Firm's address: **1230 SPRINGFIELD PIKE CINCINNATI, OH 45215** Phone no.: **513-771-4100**

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

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:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **640,662** including grants of \$) (Revenue \$)

KITCHEN/SOCIAL CENTER - OUR DAILY BREAD SERVES APPROXIMATELY 400 MEALS PER DAY, FIVE DAYS A WEEK. MORE THAN FOOD, WE ARE A SAFE SPACE TO GATHER WITH COMMUNITY IN A LOW-BARRIER ENVIRONMENT, HELPING TO COMBAT THE LONELINESS THAT SO MANY OF OUR QUESTS FACE DUE TO THEIR EXTREME POVERTY.

4b (Code:) (Expenses \$ **153,027** including grants of \$) (Revenue \$)

SOCIAL WORK/EMERGENCY SHELTER - OUR SOCIAL WORKERS HELP GUESTS WORK TOWARD A MORE SECURE EXISTENCE BY HELPING THEM NAVIGATE THE SOCIAL SERVICE SYSTEM. WE ALSO PROVIDE EMERGENCY RENTAL AND UTILITY ASSISTANCE TO HELP INDIVIDUALS AND FAMILIES FROM BECOMING HOMELESS.

4c (Code:) (Expenses \$ **63,585** including grants of \$) (Revenue \$)

KIDS CLUB IS AN AFTER-SCHOOL PROGRAM THAT OPERATES TUESDAY THROUGH THURSDAY, YEAR ROUND. SERVING CHILDREN AGE 5-12 WHO LIVE IN THE NEIGHBORHOOD, KIDS CLUB PROVIDES A CARING, STABLE ENVIRONMENT TO PLAY, LEARN, CRAFT, DO HOMEWORK AND EAT A HEALTHY SNACK.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **▶ 857,274**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year?
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country...
4b If "Yes," enter the name of the foreign country:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
7d If "Yes," indicate the number of Forms 8282 filed during the year
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966?
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state?
13b 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
13c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	13
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

GEORGINE GETTY
CINCINNATI

PO BOX 14862

OH 45250

513-621-6364

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROB SHIMP	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) KIM WILCOXON	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) COURTNEY REITMAN-DEINLEIN	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) JEANNINE FRANK	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) CHARLOTTE CARPENTER	1.00									
MEMBER	0.00	X					0	0	0	
(6) JIM BUEHLER	1.00									
MEMBER	0.00	X					0	0	0	
(7) GREGG DORR	1.50									
MEMBER	0.00	X					0	0	0	
(8) JOHN HART	1.00									
MEMBER	0.00	X					0	0	0	
(9) SHAWNA LANGWORTHY	1.50									
MEMBER	0.00	X					0	0	0	
(10) SHARON FREY	1.50									
MEMBER	0.00	X					0	0	0	
(11) TIM VONDERHAAR	1.00									
MEMBER	0.00	X					0	0	0	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JEFF CORNELL MEMBER	1.00 0.00	X						0	0	0
(13) JOE HEISTER MEMBER	1.00 0.00	X						0	0	0
(14) TYLER PETTIGREW THRU JULY EXECUTIVE DIRECTOR	40.00 0.00			X				38,661	0	1,906
(15) GEORGINE GETTY EXECUTIVE DIRECTOR	40.00 0.00			X				22,565	0	0
1b Sub-total								61,226		1,906
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								61,226		1,906

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Statement of Revenue

Check if Schedule O contains a response or note 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	127,675			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	980,053			
	g Noncash contributions included in lines 1a-1f: \$		349,158			
h Total. Add lines 1a-1f		1,107,728				
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		49,755		49,755	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.		27,627			
	c Gain or (loss)		-27,627			
d Net gain or (loss)		-27,627	-27,627			
8a Gross income from fundraising events (not including \$ 127,675 of contributions reported on line 1c). See Part IV, line 18	a	51,673				
	b Less: direct expenses	b	50,371			
	c Net income or (loss) from fundraising events		1,302			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a OTHER REVENUE		23	23			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		23				
12 Total revenue. See instructions.		1,131,181	-27,604	0	49,755	

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,686	34,173	12,137	14,376
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	341,968	229,041	55,177	57,750
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,286	4,539	1,264	1,483
9 Other employee benefits	55,678	34,682	9,660	11,336
10 Payroll taxes	37,120	21,445	8,660	7,015
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,860		15,860	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,843	14,679	2,603	1,561
12 Advertising and promotion				
13 Office expenses	16,789	394	8,395	8,000
14 Information technology				
15 Royalties				
16 Occupancy	57,272	53,779	3,131	362
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,801	9,829	864	108
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,589	24,196	2,126	267
23 Insurance	7,664	3,811	3,853	
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.)				
a FOOD	346,979	346,859	120	
b EMERGENCY SERVICES	32,689	32,689		
c SUPPLIES	17,811	16,668	1,016	127
d REPAIRS AND MAINTENANCE	14,954	13,608	1,196	150
e All other expenses	29,977	16,882	7,797	5,298
25 Total functional expenses. Add lines 1 through 24e	1,098,966	857,274	133,859	107,833
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	
Assets	1	Cash—non-interest bearing	332,532	1	315,044
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,000	3	6,000
	4	Accounts receivable, net		4	2,166
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,832	9	6,639
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 972,041		
	b	Less: accumulated depreciation	10b 420,620	10c	551,421
	11	Investments—publicly traded securities	1,632,704	11	1,709,958
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,518,708	16	2,591,228	
Liabilities	17	Accounts payable and accrued expenses	24,048	17	30,392
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	222,456	23	200,519
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	246,504	26	230,911
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,270,736	27	2,360,317
	28	Temporarily restricted net assets	1,468	28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,272,204	33	2,360,317	
34	Total liabilities and net assets/fund balances	2,518,708	34	2,591,228	

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	1,131,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,098,966
3	Revenue less expenses. Subtract line 2 from line 1	3	32,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,272,204
5	Net unrealized gains (losses) on investments	5	55,898
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,360,317

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

OUR DAILY BREAD

Employer identification number

31-1126386

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	798,791	732,482	977,568	934,365	1,107,728	4,550,934
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	798,791	732,482	977,568	934,365	1,107,728	4,550,934
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						191,826
6 Public support. Subtract line 5 from line 4.						4,359,108

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	798,791	732,482	977,568	934,365	1,107,728	4,550,934
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,395	66,459	81,619	77,325	49,755	303,553
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,854,487
12 Gross receipts from related activities, etc. (see instructions)					12	51,696
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	89.80 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	90.95 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, their status, and the organization's support practices.

Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	
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	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
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	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with columns for Current Year and rows 1-10 detailing distribution types and amounts.

Section E - Distribution Allocations table with columns (i) Excess Distributions, (ii) Underdistributions Pre-2016, and (iii) Distributable Amount for 2016, and rows 1-8 detailing allocation details.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

OUR DAILY BREAD

Employer identification number

31-1126386

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....
.....
.....
.....

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	179,348			179,348
	2 Less: Contributions	127,675			127,675
	3 Gross income (line 1 minus line 2)	51,673			51,673
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	41,081			41,081
	7 Food and beverages				
	8 Entertainment	2,500			2,500
	9 Other direct expenses	6,790			6,790
	10 Direct expense summary. Add lines 4 through 9 in column (d)				50,371
11 Net income summary. Subtract line 10 from line 3, column (d)				1,302	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
 See instructions

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

OUR DAILY BREAD

31-1126386

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1273	344,983	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RAFFLE PRIZES)	X	50	4,175	MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 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.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

OUR DAILY BREAD

Employer identification number

31-1126386

FORM 990 - ORGANIZATION'S MISSION

OUR DAILY BREAD IS AN OVER-THE-RHINE (CINCINNATI, OHIO) 501(C)(3) MINISTRY OF HOSPITALITY DEDICATED TO SERVING THE NEEDS OF NEIGHBORHOOD RESIDENTS AND THOSE WHO FREQUENT THE AREA. THE MINISTRY STRIVES TO PROVIDE STABILITY AND HOPE TO OUR GUESTS AND THE NEIGHBORHOOD COMMUNITY, BY OFFERING NOT JUST A WARM MEAL, BUT ALSO PROVIDING SOCIAL SERVICES AND A PLACE FOR GUESTS TO SOCIALIZE IN A SAFE, RESPECTFUL, CARING ENVIRONMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, FINANCE MANAGER, AND THE TREASURER PRIOR TO FILING. IT IS INCLUDED IN ANNUAL BOARD MANUAL AND AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD MONITORS COMPLIANCE ON AN ONGOING BASIS

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS SUBJECT TO BOARD REVIEW AND APPROVAL

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST AND APPROVAL BY THE BOARD

Form **4562**

Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)

2016

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

OUR DAILY BREAD

Identifying number

31-1126386

Business or activity to which this form relates

INDIRECT DEPRECIATION

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,589

MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,589
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

FYE: 12/31/2016

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
No Group	37,900.00	4,272.15	0.00	42,172.15	0.00	305.16	0.00	305.16
Building	767,989.04	56,529.50	78,950.00	745,568.54	293,351.13	22,099.02	51,323.00	264,127.15
Computers	11,400.05	0.00	0.00	11,400.05	11,400.05	0.00	0.00	11,400.05
Equipment	77,828.65	12,528.09	0.00	90,356.74	67,432.48	2,796.00	0.00	70,228.48
Furniture & Fixtures	77,321.53	1,666.25	0.00	78,987.78	69,616.43	1,388.22	0.00	71,004.65
Office Equipment	3,553.50	0.00	0.00	3,553.50	3,553.50	0.00	0.00	3,553.50
Grand Total	<u>975,992.77</u>	<u>74,995.99</u>	<u>78,950.00</u>	<u>972,038.76</u>	<u>445,353.59</u>	<u>26,588.40</u>	<u>51,323.00</u>	<u>420,618.99</u>

Tax Asset Detail 1/01/16 - 12/31/16

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		Office dividers	3/01/88	3,000.00	0.00	0.00	3,000.00	0.00	3,000.00	0.00	S/L	7.00
2		Chairs	4/01/88	853.00	0.00	0.00	853.00	0.00	853.00	0.00	S/L	7.00
3		Storage unit/wheels	9/01/88	600.00	0.00	0.00	600.00	0.00	600.00	0.00	S/L	7.00
4		Tables	4/01/89	584.00	0.00	0.00	584.00	0.00	584.00	0.00	S/L	7.00
5		Tables	5/01/89	515.00	0.00	0.00	515.00	0.00	515.00	0.00	S/L	7.00
6		Steelcase	8/01/90	936.00	0.00	0.00	936.00	0.00	936.00	0.00	S/L	7.00
7		Kids Café Furniture	12/30/99	55,430.69	0.00	0.00	55,430.69	0.00	55,430.69	0.00	S/L	7.00
8		Tables	9/02/99	426.00	0.00	0.00	426.00	0.00	426.00	0.00	S/L	7.00
9		Kids Café Furniture	12/16/99	690.00	0.00	0.00	690.00	0.00	690.00	0.00	S/L	7.00
10		New Telephone System	8/18/08	4,569.31	0.00	0.00	4,569.31	0.00	4,569.31	0.00	S/L	7.00
11		Surveillance System	5/15/13	5,225.00	0.00	0.00	1,958.95	746.43	2,705.38	2,519.62	S/L	7.00
12		Hardware Computer	2/01/92	2,021.40	0.00	0.00	2,021.40	0.00	2,021.40	0.00	S/L	5.00
13		Computer Equipment	2/29/96	1,106.60	0.00	0.00	1,106.60	0.00	1,106.60	0.00	S/L	5.00
14		Computer Equipment	1/30/03	1,619.91	0.00	0.00	1,619.91	0.00	1,619.91	0.00	S/L	5.00
15		Social Work Computer	1/01/05	1,651.50	0.00	0.00	1,651.50	0.00	1,651.50	0.00	S/L	5.00
16		Computer	1/18/07	1,060.76	0.00	0.00	1,060.76	0.00	1,060.76	0.00	S/L	5.00
17		Laptop	6/30/08	489.99	0.00	0.00	489.99	0.00	489.99	0.00	S/L	5.00
18		New Computer	12/20/10	3,449.89	0.00	0.00	3,449.89	0.00	3,449.89	0.00	S/L	5.00
19		Sink	9/01/84	400.00	0.00	0.00	400.00	0.00	400.00	0.00	S/L	7.00
20		Griddle	1/01/85	1,900.00	0.00	0.00	1,900.00	0.00	1,900.00	0.00	S/L	7.00
21		Stainless Prep table	1/01/85	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	7.00
22		Warmer	1/01/85	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	7.00
23		Space heater	1/01/86	300.00	0.00	0.00	300.00	0.00	300.00	0.00	S/L	7.00
24		Freezer	7/01/86	547.00	0.00	0.00	547.00	0.00	547.00	0.00	S/L	7.00
25		Giant Fan	7/01/86	437.00	0.00	0.00	437.00	0.00	437.00	0.00	S/L	7.00
26		Freezer	8/01/86	475.00	0.00	0.00	475.00	0.00	475.00	0.00	S/L	7.00
27		Freezer	7/01/88	1,054.00	0.00	0.00	1,054.00	0.00	1,054.00	0.00	S/L	7.00
28		Dishwasher	4/30/98	4,015.00	0.00	0.00	4,015.00	0.00	4,015.00	0.00	S/L	7.00
29		Dishwasher	2/01/89	1,350.00	0.00	0.00	1,350.00	0.00	1,350.00	0.00	S/L	7.00
30		Steam table	11/01/89	1,283.00	0.00	0.00	1,283.00	0.00	1,283.00	0.00	S/L	7.00
31		Washer	8/01/90	818.00	0.00	0.00	818.00	0.00	818.00	0.00	S/L	7.00
32		Refrigeration equip	11/12/95	1,904.00	0.00	0.00	1,904.00	0.00	1,904.00	0.00	S/L	7.00
33		Refrigeration equip	11/12/95	1,509.00	0.00	0.00	1,509.00	0.00	1,509.00	0.00	S/L	7.00
34		Dryer	10/16/96	340.00	0.00	0.00	340.00	0.00	340.00	0.00	S/L	7.00
35		Fax machine	5/08/96	245.00	0.00	0.00	245.00	0.00	245.00	0.00	S/L	5.00
36		Refrigerator	7/08/96	1,400.00	0.00	0.00	1,400.00	0.00	1,400.00	0.00	S/L	5.00
37		Refrigerator	7/21/03	3,741.35	0.00	0.00	3,741.35	0.00	3,741.35	0.00	S/L	7.00
38		Walk in Cooler	11/30/04	8,950.00	0.00	0.00	8,950.00	0.00	8,950.00	0.00	S/L	7.00
39		Walk in Freezer	11/30/04	11,969.00	0.00	0.00	11,969.00	0.00	11,969.00	0.00	S/L	7.00
40		Equipment	7/30/05	10,427.00	0.00	0.00	10,427.00	0.00	10,427.00	0.00	S/L	7.00
41		New Stove	10/23/07	6,514.30	0.00	0.00	6,514.30	0.00	6,514.30	0.00	S/L	7.00
42		Donated Stoves	4/30/13	14,000.00	0.00	0.00	5,333.00	2,000.00	7,333.00	6,667.00	S/L	7.00
43		Copy machine	6/01/86	497.00	0.00	0.00	497.00	0.00	497.00	0.00	S/L	5.00
44		Copier	3/21/95	499.00	0.00	0.00	499.00	0.00	499.00	0.00	S/L	5.00
45		Fax	6/01/96	240.00	0.00	0.00	240.00	0.00	240.00	0.00	S/L	5.00
46		Office telephones	7/28/99	1,920.00	0.00	0.00	1,920.00	0.00	1,920.00	0.00	S/L	5.00
47		Credit Card Machine	9/05/02	397.50	0.00	0.00	397.50	0.00	397.50	0.00	S/L	5.00
48		New Building	1/01/01	62,100.00	0.00	0.00	23,288.00	1,552.50	24,840.50	37,259.50	S/L	40.00
49		Improvements	1/01/01	593,303.63	0.00	0.00	222,494.19	14,832.59	237,326.78	355,976.85	S/L	40.00
50	d	New Roof	12/31/03	25,000.00	0.00	0.00	15,000.00	1,250.00	16,250.00	8,750.00	S/L	20.00
51	d	New Roof	5/01/04	53,950.00	0.00	0.00	32,375.50	2,697.50	35,073.00	18,877.00	S/L	20.00

Tax Asset Detail 1/01/16 - 12/31/16

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
52		Land	1/20/01	37,900.00	0.00	0.00	0.00	0.00	0.00	37,900.00	Land	0.00
53		HVAC (3)	1/16/15	27,600.00	0.00	0.00	118.00	1,380.00	1,498.00	26,102.00	S/L	20.00
54		Dish Room Remodel	6/12/15	6,035.41	0.00	0.00	75.44	150.89	226.33	5,809.08	S/L	40.00
55		Coffee Urn	12/17/15	1,750.00	0.00	0.00	20.83	250.00	270.83	1,479.17	S/L	7.00
56		Chairs (25)	12/01/15	4,492.53	0.00	0.00	53.48	641.79	695.27	3,797.26	S/L	7.00
57		Water Heater	7/01/16	7,644.00	0.00c	0.00	0.00	546.00	546.00	7,098.00	S/L	7.00
58		Rubber Gasket	7/05/16	1,709.65	0.00c	0.00	0.00	122.12	122.12	1,587.53	S/L	7.00
59		Grease Tub Replacement	7/01/16	2,562.50	0.00c	0.00	0.00	183.04	183.04	2,379.46	S/L	7.00
60		AC fan	12/31/16	1,630.00	0.00c	0.00	0.00	0.00	0.00	1,630.00	S/L	7.00
61		Electric updates	12/31/16	1,666.25	0.00c	0.00	0.00	0.00	0.00	1,666.25	S/L	7.00
62		Kitchen Equipment	12/31/16	1,568.04	0.00c	0.00	0.00	0.00	0.00	1,568.04	S/L	7.00
63		Food heater	12/31/16	1,686.05	0.00c	0.00	0.00	0.00	0.00	1,686.05	S/L	7.00
64		New Roof	12/02/16	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.00
65		New Roof	12/02/16	56,529.50	0.00c	0.00	0.00	235.54	235.54	56,293.96	S/L	20.00
Grand Total				1,050,988.76	0.00c	0.00	445,353.59	26,588.40	471,941.99	579,046.77		
Less: Dispositions and Transfers				78,950.00	0.00	0.00	47,375.50	0.00	51,323.00	27,627.00		
Net Grand Total				<u>972,038.76</u>	<u>0.00c</u>	<u>0.00</u>	<u>397,978.09</u>	<u>26,588.40</u>	<u>420,618.99</u>	<u>551,419.77</u>		

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 49,755		14			
TOTAL	<u>\$ 49,755</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 18,843	\$ 14,679	\$ 2,603	\$ 1,561
TOTAL	\$ 18,843	\$ 14,679	\$ 2,603	\$ 1,561

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CLEANING	\$ 7,415	\$ 7,415	\$	\$
LAUNDRY	7,340	7,340		
PAYROLL FEES	6,053	1,220	4,426	407
SOFTWARE FEES	4,508			4,508
MISCELLANEOUS	1,942	907	906	129
BANK & MERCHANT FEES	1,703		1,703	
MARKETING	1,016		762	254
TOTAL	\$ 29,977	\$ 16,882	\$ 7,797	\$ 5,298

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 49,755
TOTAL	\$ <u>49,755</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER REVENUE	\$ 23
GALA	<u>51,673</u>
TOTAL	\$ <u>51,696</u>

Federal Statements**Gala****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 271
ADVERTISING	10
RAFFLES DONATED	4,175
POSTAGE	180
PRINTING	337
OTHER	1,082
CC FEES	735
TOTAL	<u>\$ 6,790</u>