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DLN: 93493191003412

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

Open to Public

Name of organization BREAD FOR THE WORLD INSTITUTE  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/sur 425 3RD STREET SW NO 1200  City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024  F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024  V 501(c)(3)	# Teleph  (202)  The Gross of Gross of Gross of Gross of Gross of Gross of Group affiliates  If "No," attach H(c) Group exemption 19	Yes ✓ No included? Yes No n a list (see instructions) tion number ►  P82 M State of legal domicile Do
Number and street (or P O box if mail is not delivered to street address)  Room/sui 425 3RD STREET SW NO 1200  City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024  F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024  V 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach H(c) Group exempt	oreturn for Yes No included? Yes No n a list (see instructions) tion number
Number and street (or P O box if mail is not delivered to street address)  Room/sur 425 3RD STREET SW NO 1200  City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024  F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024  V 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach H(c) Group exempt	o return for  Yes No  included? Yes No  a list (see instructions) tion number
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024  F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024  V 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates  If "No," attach  H(c) Group exempt	receipts \$ 9,312,615  oreturn for  Yes No  included? Yes No  n a list (see instructions) tion number ►
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20024  F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024  F 501(c)(3)	H(a) Is this a group affiliates?  H(b) Are all affiliates	o return for  Yes V No  included? Yes No  n a list (see instructions) tion number   82 M State of legal domicile DO
F Name and address of principal officer  DAVID M BECKMANN  425 3RD STREET SW NO 1200  WASHINGTON, DC 20024   501(c)(3)	affiliates?  H(b) Are all affiliates  If "No," attach  H(c) Group exempt  L Year of formation 19	Yes ✓ No included? Yes No n a list (see instructions) tion number ►  P82 M State of legal domicile Do
F Name and address of principal officer DAVID M BECKMANN 425 3RD STREET SW NO 1200 WASHINGTON,DC 20024  V 501(c)(3)	affiliates?  H(b) Are all affiliates  If "No," attach  H(c) Group exempt  L Year of formation 19	Yes ✓ No included? Yes No n a list (see instructions) tion number ►  P82 M State of legal domicile Do
DAVID M BECKMANN  425 3RD STREET SW NO 1200  WASHINGTON, DC 20024   501(c)(3)	affiliates?  H(b) Are all affiliates  If "No," attach  H(c) Group exempt  L Year of formation 19	Yes ✓ No included? Yes No n a list (see instructions) tion number ►  P82 M State of legal domicile Do
### 425 3RD STREET SW NO 1200 WASHINGTON, DC 20024     501(c)(3)	H(b) Are all affiliates  If "No," attach H(c) Group exempt  L Year of formation 19	included? Yes No n a list (see instructions) tion number ► 982 <b>M</b> State of legal domicile DO
F 501(c)(3)	If "No," attach  H(c) Group exempt  L Year of formation 19	n a list (see instructions) tion number ► 982 M State of legal domicile DC
BREAD ORG  Corporation Trust Association Other   ary  cribe the organization's mission or most significant activities  DE ANALYSIS AND EDUCATION ON HUNGER ISSUES IN THE U	H(c) Group exempt  L Year of formation 19	982 <b>M</b> State of legal domicile DC
BREAD ORG  Corporation Trust Association Other   ary  cribe the organization's mission or most significant activities  DE ANALYSIS AND EDUCATION ON HUNGER ISSUES IN THE U	<b>L</b> Year of formation 19	982 <b>M</b> State of legal domicile DC
Corporation Trust Association Other Trust Association		
ary  cribe the organization's mission or most significant activities  DE ANALYSIS AND EDUCATION ON HUNGER ISSUES IN THE U s  box   If the organization discontinued its operations or disposed of		
box   f the organization or discontinued its operations or disposed of	S AND AROUND THE	 WO RLD
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box ▶┌─ if the organization discontinued its operations or disposed o	S AND AROUND THE	WORLD
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,	5 th 2 F0/ -5 -t-	
		1 - 1
voting members of the governing body (Part VI, line 1a)		3 40
independent voting members of the governing body (Part VI, line 1b)		<b>4</b> 40 <b>5</b> 10
		6 40
•		<b>7a</b> 0
, , , , , , , , , , , , , , , , , , , ,		<b>7b</b> 0
	Prior Year	Current Year
tions and grants (Part VIII, line 1h)	6,916,	270 8,727,137
service revenue (Part VIII, line 2g)		60 53,626
ent income (Part VIII, column (A), lines 3, 4, and 7d)	77,	120 98,101
		0 0
	6.993.	450 8,878,864
		000 596,234
	,	0 0
	61,	846 94,564
	2.005	450
less expenses Subtract fine 10 nonnine 12	-	ent
	Year	End of Year
sets (Part X, line 16)	9,336,	213 9,700,080
ollities (Part X, line 26)		
	7,550,	931 7,091,311
bblit uning valage of the street	ber of individuals employed in calendar year 2011 (Part V, line 2a) ber of volunteers (estimate if necessary)	ber of individuals employed in calendar year 2011 (Part V, line 2a)

1 0111	990 (2011)	Page .
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	·
TO F	ROVIDE ANALYSIS AND EDUCATION ON HUNGER ISSUES IN THE UNITED STATES AND AROUND TH	IE WORLD
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 expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to regrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 3,569,585 including grants of \$ 500,000) (Revenue \$ PUBLIC EDUCATION BREAD FOR THE WORLD INSTITUTE'S 2012 HUNGER REPORT, REBALANCING ACT UPDATING U S FOOD ANI U S FARM POLICIES NEED TO SHIFT TOWARD PRODUCTION OF HEALTHY FOODS THE HUNGER REPORT WAS LAUNCHED ON NOV NATIONAL PRESS CLUB BLOOMBERG JOURNALIST ALAN BJERGA MODERATED A PANEL DISCUSSION THAT COVERED SOME OF THE APPROXIMATELY 90 PEOPLE ATTENDED THE EVENT THE HUNGER REPORT WEBSITE IS WWW HUNGERREPORT ORG BREAD FOR TINSTITUTE) CONTINUES TO BE A LEADER IN THE SCALING UP NUTRITION (SUN) MOVEMENT, FOCUSING ON THE 1,000 DAYS BETT TWENTY-SIX COUNTRIES HARD HIT BY MALNUTRITION HAVE ASKED FOR THE INTERNATIONAL COMMUNITY'S HELP TO SCALE UP I ACCORDING TO THE SUN PRINCIPLES WHILE MUCH HAS BEEN DONE BY THE UNITED NATIONS TO COORDINATE DONOR EFFORT'S BEEN COMMITTED THE UNITED STATES, AND THE SECRETARY OF STATE, HILLARY CLINTON IN PARTICULAR, HAVE CHAMPIONED YEARS THE INSTITUTE'S WORK ON IMMIGRATION IS ALSO HAVING AN IMPACT THE INSTITUTE PUBLISHED A BRIEFING PAPER, DRURAL MEXICO, IN JANUARY 2011 IT URGES THAT EFFORTS TO REDUCE POVERTY IN MEXICO SHOULD BE PART OF US IMMIGR PAPER LED TO AN INTERVIEW ON CNN EN ESPANOL AND NUMEROUS RADIO INTERVIEWS IN SPANISH AND ENGLISH AN OP-ED BAY IN NEWSPAPERS IN THE UNITED STATES AND LATIN AMERICA, INCLUDING THE SPANISH-LANGUAGE EDITION OF THE MIAMI HERA HUNGER REPORT INCLUDES A CHAPTER ON THE ISSUE OF UNAUTHORIZED IMMIGRATION IN THE AGRICULTURE SECTOR, PARTIC FRUITS AND VEGETABLES THE REPORT CALLS FOR A MORE RATIONAL SYSTEM THAT CREATES A LEGAL MEANS FOR FARM WORKE THE CHAPTER WAS ALSO BROUGHT OUT AS A STAND-ALONE BRIEFING PAPER, THE RELEASE OF WHICH INCLUDED A CONFERENC COMMUNITIES FOR US FOREIGN ASSISTANCE FOCUSING ON SMALLHOLDER AGRICULTURE THE PARTNERSHIP WILL SUPPORT FORGRAM, WHICH BRINGS GROUPS OF PEOPLE FROM FARM COMMUNITIES TO WASHINGTON TO MEET WITH ADMINISTRATION AT THE LEARN ABOUT THE IMPACT OF US POLICIES AND PROGRAMS ON SMALL FARMERS OVERSEAS INSTITUTE AND FREB STAFF ARE GUIDE FOR USE IN RUPACTORY OF	EMBER 21, 2011 AT THE KEY ISSUES IN THE REPORT FHE WORLD INSTITUTE (THE WEEN PREGNANCY AND AGE TWO NUTRITION PROGRAMS S, FEW NEW RESOURCES HAVE THIS ISSUE FOR THE LAST TWO EVELOPMENT AND MIGRATION IN ATION POLICY THE INSTITUTE'S SED ON THE REPORT APPEARED LID, EL NUEVO HERALD THE 2012 SULARLY IN THE PRODUCTION OF ERS TO WORK IN THIS SECTOR E CALL WITH JOURNALISTS  OCACY SUPPORT IN RURAL RB'S "HEART OF THE HILL" ND CONGRESSIONAL OFFICES AN E JOINTLY DEVELOPING A STUDY VAL ORGANIZERS IN MAY 2011, TIAN REFORMED WORLD RELIEF,
4c	(Code ) (Expenses \$ 1,623,475 including grants of \$ 21,234 ) (Revenue \$	)
	PUBLIC POLICY THE INSTITUTE CONTINUES TO MONITOR U.S. NUTRITION PROGRAMS IN FEED THE FUTURE, THE GLOBAL HEALT INSTITUTE HAS BEEN URGING THE SECRETARY OF STATE, HILLARY CLINTON AND OTHER TOP OFFICIALS TO MAKE ADMINISTRATI FUNDING WITH SCALING UP NUTRITION (SUN) MOVEMENT'S BEST-PRACTICE PRINCIPLES WORK WAS BEGUN ON THE 2013 HUN ABOUT THE MILLENNIUM DEVELOPMENT GOALS (MDGS) AND THE NEXT ROUND OF INTERNATIONAL DEVELOPMENT GOALS THE REPOUBLING OF EFFORT TO ACHIEVE THE MDGS BY 2015 IT WILL ALSO ANALYZE WHAT THIS EXERCISE OF GOAL SETTING HAS MEEN DELIVERED AND THE IMPACT IT HAS HAD IT WILL LOOK AHEAD TO WHAT SHOULD COME NEXT AND CONSIDER WHAT PRINCIPLESS BY WHICH THE WORLD REACHES AGREEMENT ON THE POST-MDG AGENDA	VE DECISIONS TO ALIGN MORE GER REPORT, WHICH WILL BE PORT WILL CALL FOR A EANT FOR THE WAY AID HAS
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$	١
		)
4e	Total program service expenses►\$ 8,681,038	

art IV	Checklis	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 <sub>c</sub>	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	·			
_	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	j ,			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<del></del>		
-		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	7c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
"	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or snareholders			
ט	sources against amounts due or received from them )			
3-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
1-		145		N a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Se	ction 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						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		No			
3	3		No				
4	supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
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		No			
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
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		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)		W	N.			
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		INO			
	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		No			
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
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	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
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?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
Ь	Other officers or key employees of the organization	15b		No			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
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					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed.						

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► NANCY RHODES

425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024

(202) 639-9400

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(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
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				$\vdash$			_			

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ai	e bo ıs b nd a	x, oth		(D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/109		n amount of compens s from to companicat		ted f other ation he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relate organiza	
See A	Additional Data Table										+		
											$\dagger$		
											+		
							+				+		
							+				+		
							-				-		
							-	_			$\perp$		
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											+		
							+				+		
	Oct Tabel							<u> </u> ▶			十		
1b c	Sub-Total	to Part VII. Sec		· ·	•	•					+		
d	Total (add lines 1b and 1c) .	•				<u> </u>		<b>P</b>	418,311	216,37	78		82,265
2	Total number of individuals (incl \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs			) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy	ee, c	or highest compens	ated employee	3		No.
4									4	Yes			
5	Did any person listed on line 1a services rendered to the organiz									or individual for	5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
	5. Maini the organizations tax y	( <u>A</u> )							<u> </u>	(B)		(C	<u> </u>

(A) Name and business address	(B) Description of services	(C) Compensation
888 17TH STREET NW STILLE 670	POLICTAL & PUBLIC RELATIONS CONSULTING S	371,355
1075 E STREET NW 91H ELOOR	GOV'T AFFAIRS CONSULTING SERVICES	357,214
Takal annah an Gundan andrah angkan akan dan kanah an kanah an kanah an kanah akan kanah akan kanah an kanah a	and a second second bloom	

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 ►2

Part V		Statement of Revenue				
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$2	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues <b>1b</b> 891,731				
56	ט					
, E	С	Fundraising events 1c				
≇≟	d	Related organizations 1d				
ਨੂੰ≝						
经基	е	Government grants (contributions) <b>1e</b>				
.ठ 🖺	f	All other contributions, gifts, grants, and <b>1f</b> 7,835,406				
돌콜		similar amounts not included above				
운동	g	Noncash contributions included in				
독교		lines 1a-1f \$				
ರಹ -	h	Total. Add lines 1a-1f	8,727,137			
		Business Code				
e :	_					
E E	2a	CONFERENCES & EVENTS 900099	52,222	52,222		
, Š	b	OTHER REVENUE 900099	1,404	1,404		
a T	С					
<b>≥</b>						
<b>Ž</b>	d					
2	е					
Program Serwce Revenue	f	All other program service revenue				
5	'	An other program service reveilue				
Δ	g	Total. Add lines 2a-2f	53,626			
	3		33,020			
	3	Investment income (including dividends, interest	00.005			00.006
		and other similar amounts)	98,096			98,096
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	С	Rental income				
		or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount 433,756				
		from sales of assets other				
		than inventory				
	b	Less cost or 433,751				
		other basis and sales expenses				
	С	Gain or (loss) 5				
	d	Net gain or (loss)	5			5
		I I I I I I I I I I I I I I I I I I I	9			
an ue	8a	Gross income from fundraising events (not including				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18  a				
Ě	b	Less direct expenses b				
ō	С	Net income or (loss) from fundraising events 🕨				
	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				
		ı				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold <b>b</b>				
		Net income or (loss) from sales of inventory				
	С	The meeting of (1995) from sures of interiory 1				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d				
		<b>•</b>				
	12	Total revenue. See Instructions				
			8,878,864	53,626	0	,
						Form <b>990</b> (2011)

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u></u>	 (B)	)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	596,234	596,234		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	196,386	154,730	25,787	15,869
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	3,343,205	3,306,588	16,804	19,813
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	115,696	108,849	940	5,907
9	Other employee benefits	558,014	516,339	11,503	30,172
10	Payroll taxes	280,820	259,537	6,039	15,244
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,587	4,297	210	80
c	Accounting	35,273	30,576	3,405	1,292
d	Lobbying				
e	Professional fundraising See Part IV, line 17	94,564			94,564
f	Investment management fees				
g	Other	1,691,300	1,497,474	22,943	170,883
12	Advertising and promotion	87,429	87,429		
13	Office expenses	144,956	132,608	5,743	6,605
14	Information technology	128,337	109,928	13,320	5,089
15	Royalties				
16	Occupancy	328,863	295,374	24,277	9,212
17	Travel	533,127	501,754	1,009	30,364
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	544,716	533,791	1,526	9,399
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	212,032	183,800	23,462	4,770
23	Insurance	10,338	8,961	998	379
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING AND DESIGN	292,529	290,208	474	1,847
b	MISCELLANEOUS EXPENSES	62,561	62,561		
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,260,967	8,681,038	158,440	421,489
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				· · ·
	combined educational campaign and fundraising solicitation	499,099	204,964	0	294,135 rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,793,522 1,582,659 1 1 268.079 1.147.641 2 2 Savings and temporary cash investments . . . . . . . 3 2.384,758 3,321,351 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 2.617 9 17.361 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis Complete 2,199,230 Part VI of Schedule D 10a 10b 673,153 b Less accumulated depreciation . . . . 1,685,524 10c 1,526,077 810,951 823,616 11 11 1,027,743 12 1,105,294 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 285,468 15 15 253,632 9,336,213 9,700,080 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 312,634 356,220 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 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 1,472,648 25 2,252,549 D . . . . . 26 1,785,282 26 2,608,769 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,889,468 Unrestricted net assets . . . . 2,173,713 4,657,463 28 4,913,598 28 Temporarily restricted net assets . . . . . Fund 29 4,000 29 4,000 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 7.550.931 33 7.091.311 34 Total liabilities and net assets/fund balances . . . . . 9.336.213 34 9.700.080

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,8	378,86
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		-3	382,10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,5	550,93
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-77,51
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,0	91,31
Pai	Financial Statements and Reporting  Check If Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Name of the organization BREAD FOR THE WORLD INSTITUTE

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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
	1 ' '	instructions))	Yes	No	Yes	No	Yes	No	
									_
Total									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(iii)

instructions

Support Schedule for Organizations Described in IRC 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	e organization (	fails to qualify u	inder the tests	listed below, ple	ase co	nplete	Part III.)
	ection A. Public Support	1	1	1 1				
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 20	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,693,66	7 8,173,943	6,607,072	6,916,270	8	,727,137	34,118,089
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	3,693,66	8,173,943	6,607,072	6,916,270	8	,727,137	34,118,089
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							15,488,117
6	(f) <b>Public Support.</b> Subtract line 5							
O	from line 4							18,629,972
S	ection B. Total Support	•	•		•		•	
Cale	endar year (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 20	11	(f) Total
7	beginning in) A mounts from line 4	3,693,667	8,173,943	6,607,072	6,916,270		727,137	34,118,089
8	Gross income from interest,	3,033,007	0,173,545	0,007,072	0,310,270	0,	,727,137	34,110,005
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	106,220	88,158	84,914	77,120		98,096	454,508
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	23,449						23,449
11	<b>Total support</b> (Add lines 7 through 10)							34,596,046
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		406,727
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		· 	, thırd, fourth, or f	ıfth tax year as a !	501(c)(3	) organı	zation, ▶┌
<u> </u>	Public Support Percentage for 201			11 column (f))		14		53 850 %
 15	Public Support Percentage for 201	-		( ) //		15		56 280 %
	33 1/3% support test—2011. If the	•	·	von line 13 and l	ine 14 is 33 1/20%		check t	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization in Part IV how the organization medorganization	alifies as a public organization did n qualifies as a p — <b>2011.</b> If the org tion meets the "f	ly supported orga not check the bo ublicly supported anization did not o acts and circums	nization x on line 13 or 16 organization check a box on lin tances" test, chec	a, and line 15 is 3 ie 13, 16a, or 16b ck this box and <b>st</b> o	33 1/3% and line	or more, : 14 Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organizationstructions	nization meets th tion meets the "f	e "facts and circu acts and circums	mstances" test, o tances" test The	check this box and organization qual	d <b>stop he</b> Ifies as a	re. publicly	′ ▶⊏ ▶⊏

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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 Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).									
	Facts And Circumstances Test									
Explanation										

Schedule A (Form 990 or 990-EZ) 2011

# Software ID: Software Version:

**EIN:** 51-0175510

Name: BREAD FOR THE WORLD INSTITUTE

#### Form 990, Special Condition Description:

#### **Special Condition Description**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) Average hours per	A verage Position (check a hours that apply)					ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key amployaa	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
DAVID MINER CHAIR	1 00	Х		х				0	0	0	
WILLIAM S EPPS VICE CHAIR	1 00	Х		х				0	0	0	
ELIZABETH HENRY SECRETARY	1 00	Х		х				0	0	0	
BOB TERRY TREASURER	1 00	Х		x				0	0	0	
JUDITH ANDREWS DIRECTOR	1 00	Х						0	0	0	
NANCY ARNISON DIRECTOR	1 00	Х						0	0	0	
DEBORAH BLUE DIRECTOR	1 00	Х						0	0	0	
SUZANNE BROETJE DIRECTOR	1 00	Х						0	0	0	
DAYNA CADE DIRECTOR	1 00	Х						0	0	0	
ROBERT CAHILL JR DIRECTOR	1 00	Х						0	0	0	
JUAN LUIS CALDERON DIRECTOR	1 00	Х						0	0	0	
JOHN CARR DIRECTOR	1 00	Х						0	0	0	
BISHOP RONALD CUNNINGHAM DIRECTOR	1 00	Х						0	0	0	
LEE DE LEON DIRECTOR	1 00	Х						0	0	0	
PIERRE DE VRIES DIRECTOR	1 00	Х						0	0	0	
SENATOR ROBERT DOLE DIRECTOR	1 00	Х						0	0	0	
BETTY ANNE DONNELLY DIRECTOR	1 00	Х						0	0	0	
JAMESINA EVANS DIRECTOR	1 00	Х						0	0	0	
RUTH FARRELL DIRECTOR	1 00	х						0	0	0	
MICHAEL GERSON DIRECTOR	1 00	Х						0	0	0	
SANDRA F JOIREMAN DIRECTOR	1 00	Х						0	0	0	
GERALD KOLSCHOWSKY DIRECTOR	1 00	Х						0	0	0	
ALAN LARSON DIRECTOR	1 00	Х						0	0	0	
JEREMY LEWIS DIRECTOR	1 00	Х						0	0	0	
LEONARD LOVETT DIRECTOR	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		( ition that		у)		1	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustaa or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
BISHOP DENIS MADDEN DIRECTOR	1 00	Х						0	0	0	
MEGAN MARSH DIRECTOR	1 00	Х						0	0	0	
JOE MARTINGALE DIRECTOR	1 00	Х						0	0	0	
NANCY MILLER DIRECTOR	1 00	Х						0	0	0	
GYUDE MOORE DIRECTOR	1 00	Х						0	0	0	
MAUREEN O'LEARY DIRECTOR	1 00	Х						0	0	0	
ED PAYNE DIRECTOR	1 00	Х						0	0	0	
REP LORETTA SANCHEZ DIRECTOR	1 00	Х						0	0	0	
ARTHUR SIMON DIRECTOR	1 00	Х						0	0	0	
MALCOLM STREET DIRECTOR	1 00	Х						0	0	0	
BISHOP RICHARD THOMPSON DIRECTOR	1 00	Х						0	0	0	
SHARON THORNBERRY DIRECTOR	1 00	Х						0	0	0	
ELAINE VANCLEAVE DIRECTOR	1 00	Х						0	0	0	
MARGARET WALLHAGEN DIRECTOR	1 00	Х						0	0	0	
REP FRANK WOLF DIRECTOR	1 00	Х						0	0	0	
DAVID M BECKMANN PRESIDENT	30 00			х				120,611	59,887	27,395	
NANCY RHODES VP OF FINANCE/ADMINISTRATION	26 00			х				58,947	56,633	992	
GARY COOK MANAGING DIRECTOR	26 00					Х		71,904	43,137	21,798	
KATHLEEN POMROY DIR OF ORGANIZING/GRASSROOTS CAP	19 00					х		52,188	56,721	15,178	
MONICA MILLS DIRECTOR OF GOV'T RELATIONS	37 50					×		114,661	0	16,902	

DLN: 93493191003412

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

f the organization answered "Yes,'	' to Form 990, Part IV	, Line 3, or Form 990-E	EZ, Part V, line 46 (Polit	ical Campaign Activities),
hen				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

#### If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

in opposition to candidates for public office in Part IV

Did the filing organization file Form 1120-POL for this year?

Name	of t	he o	rganız	atıon	
BREAD	FOR	THE	WORLD	INSTI	<b>TUTE</b>

Employer identification number

51-0175510

Part I-A	Complete if	the organization is	<u>s exempt under se</u>	ction 501(c)	or is a section 5:	<u>27 organization.</u>

- Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- ☐ Yes

Yes

If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the
- amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

enedate e (i	01111 330 01 330 12/2011	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (	(election
	under section 501(h)).	

Α	Check	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

3	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public of	2,086		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	19,069	
c	Total lobbying expenditures (add lines 1a and 1	b)	21,155	
d	Other exempt purpose expenditures		9,145,248	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	9,166,403	
f	Lobbying nontaxable amount Enter the amount columns	608,320		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	152,080	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	

i Subtract line 1f from line 1c If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	Voc	N
	res	 INC

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) Total			
2a	Lobbying non-taxable amount	392,745	412,161	476,249	608,320	1,889,475			
_b	Lobbying ceiling amount (150% of line 2a, column(e))					2,834,213			
c	Total lobbying expenditures		2,162	20,929	21,155	44,246			
_d	Grassroots non-taxable amount	98,186	103,040	119,062	152,080	472,368			
e	Grassroots ceiling amount (150% of line 2d, column (e))					708,552			
f	Grassroots lobbying expenditures		401	4,425	2,086	6,912			

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	(a)		b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493191003412

OMB No 1545-0047

**Inspection** 

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

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

Name of the organization Employer identification number BREAD FOR THE WORLD INSTITUTE 51-0175510 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate 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 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 may 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_ 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? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, 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)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tre</u>	easu	<u>ires, or Ot</u>	<u>:her</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat ar	e a significa	nt us	se of its col	lection	1	
а	Public exhibition		d	Γ	Loan o	rexc	hange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further	the c	organization'	s ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	l "Ye	es" to Forr	n 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbut	ions	or other asse	ets n	iot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			Amou		
С	Beginning balance							1c		Aiilou		
d	Additions during the year						-	ld				
e	Distributions during the year						<del> </del>	le				
f	Ending balance						_	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 212				L				Yes	
	If "Yes," explain the arrangement in Part XIV		C 21.							'	103	, 140
	t V Endowment Funds. Complete		n and	MOre	nd "Vac	" to	Form 990	Dari	t IV line 1	n		
-C:	Endowment i unus: Complete	(a)Current Year		Prior '			wo Years Back		Three Years B		Four Y	ears Back
1a	Beginning of year balance	1,790,451			,660,947		750,869	+		000		
ь	Contributions	145,064					910,078	3	746,	869		
С	Investment earnings or losses	10,082			129,504							
d	Grants or scholarships											
e	Other expenditures for facilities and programs	60,307										
f	Administrative expenses											
g	End of year balance	1,885,290		1	,790,451		1,660,947	7	750,	869		
2	Provide the estimated percentage of the yea	r end balance held a	as		•					•		
а	Board designated or quasi-endowment 🕨	99 790 %										
ь	Permanent endowment • 0 210 %											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon '	that a	are held	and a	dministered	fort	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•					-	3a(i)		No
	(ii) related organizations								<u>L</u>	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						٠	· · · L	3b		<u> </u>
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X	, line 10	). <u> </u>	1			Т		
	Description of property				Cost or cost () Cost or cost ()		(b)Cost or ot basis (othe		(c) Accumul depreciation		<b>(d)</b> Bo	ok value
<b>1</b> a l	and											
b E	Buildings		•									
<b>c</b> l	easehold improvements						1,371,	600	13	7,163		1,234,437
d E	Equipment						800,	620	53	5,090		265,530
<b>e</b> (	Other	<u></u> .	•				27,	010		900		26,110
Tota	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line	10(c).)							1,526,077
									Schedu	le D (F	orm 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2,233	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other	1 0 2 7 7 4 2	_
(A) ELCA ENDOWMENT POOLED TRUST FUND	1,027,743	F.
	4 007 740	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-11	
Part VIII Investments—Program Related. See	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir		425
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount  1,526,703 697,895	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DUE TO BREAD	, line 25. (b) A mount  1,526,703 697,895	

T	Total revenue (Form 990, Part VIII, column (A ), line 12)	1	8,878,864
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,260,967
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-382,103
4	Net unrealized gains (losses) on investments	4	-77,517
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-77,517
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-459,620
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	8,801,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	. 7	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	-77,517
3	Subtract line $2e$ from line $1$	3	8,878,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		8,878,864
Part	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Ret	
1	Total expenses and losses per audited financial statements	1 1	9,260,967
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>-</del>	
a	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	$\neg$	
d	Other (Describe in Part XIV) 2d	<b>-</b>	
e	Add lines <b>2a</b> through <b>2d</b>		0
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,260,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
	Total annual Addition 2 and 4 (The should are 15 am 000 Part I lead 10)	_	0.260.067
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	.   5	9,260,967

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	TO PROVIDE PERMANENT CAPITAL AND AN ONGOING STREAM OF INCOME
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INSTITUTE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2011, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

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DLN: 93493191003412

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury

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

Open to Public

OMB No 1545-0047

Internal Revenue Service	F Atlact	1 10 FOIII 990	o or ronn 99	0-EZ. F See separate instruct	ions.		Inspection	1)
Name of the organization						Employer iden	tification num	ber
BREAD FOR THE WORLD INS	STITUTE					F1 017FF10		
						51-0175510		
Part I Fundraising A	ctivities. Complet	e if the o	organizat	tion answered "Yes"	to Form	990, Part IV,	line 17.	
1 Indicate whether the org	janization raised funds	through	any of the	following activities Cho	eck all th	nat apply		
a 🔽 Mail solicitations			е	Solicitation of nor	n-govern	ment grants		
<b>b</b> 🔽 Internet and e-mail	solicitations		f	☐ Solicitation of gov	vernment	grants		
c 🔽 Phone solicitations			g	✓ Special fundraising	ng events	5		
d 🔽 In-person solicitation	ons							
<b>2a</b> Did the organization hav or key employees listed							✓ Yes	Г,
<b>b</b> If "Yes," list the ten high to be compensated at le								
(i) Name and address of	(ii) Activity	(iii	<b>)</b> Dıd	(iv) Gross receipts	(v) An	nount paid to	(vi) A mount	naid to
ındıvıdual	(ii) Activity		ser have	from activity	(or re	etained by)	(or retaine	•
or entity (fundraiser)			ody or			iser listed in	organızat	ion
			trol of outions?		· '	col (i)		
		Yes	No					
	SOLICITATION							
PDR II INC DBA SHARE GROUP								
1717 K STREET NW 900			No	5,836		94,564		-88,72
WASHINGTON, DC								
200365342								
Total			▶	5,836		94,564		-88,72
3 List all states in which the licensing	ne organization is regi	stered or	licensed t	o solicit funds or has be	een notifi	ed it is exempt	from registrati	on or

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
.   7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	<b>.</b>	(
111	•	_	• •		,
art I	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
<b>b</b> If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>			
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No			
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity					
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No			
13	Indicate the percentage of gamii	ag activity operated in		1 1				
a				13a				
b								
14		f the person who prepares the organiza		<u> </u>				
	Name ►							
	Address ►							
	revenue?	ntract with a third party from whom the			- No			
		ed by the third party 🟲 \$						
С	If "Yes," enter name and address	S						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	<b>\$</b> \$						
	Description of services provided ►							
17 a		Employee er state law to make charitable distribu		· · ·	- No			
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>			
_		activities during the tax year > \$		hadala C /				
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see				
	Identifier	ReturnReference	Explana	tion				
		•	•					

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493191003412

Department of the Treasury Internal Revenue Service Name of the organization

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

**Inspection** Employer identification number

BREAD FOR THE WORLD INST						51-0175510	
<u> </u>	nation on Grants						
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grants	orassistance?					▼ Yes 「
Form 990, Part I	V, line 21 for any i	Governments and recipient that received 0) if additional space	d more than \$5,000.	. Check this box if no	one recipient rec	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FOODS RESOURCE BANK4471 CENTRAL AVE WESTERN SPRINGS,IL 60558	54-1940516	501(C)(3)	75,000				BUILDING A RURAL CONSTITUENCY FOR FOREIGN ASSISTANCE
(2)INTERNATIONAL RESCUE COMMITTEE122 EAST 42ND STREET NEW YORK,NY 10168	13-5660870	501(C)(3)	250,000				GENERAL SUPPORT
(3) AMERICAN JEWISH WORLD SERVICE45 WEST 36TH STREET 11TH FLOOR NEW YORK,NY 10018	22-2584370	501(C)(3)	250,000				GENERAL SUPPORT
2 Enter total number of sect 3 Enter total number of other			listed in the line 1 tabl	e			3

Schedule I	(Form 990) 2011
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

	_	_			T
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SUBGRANTEE PARTICIPATES IN MONITORING MEETINGS HELD AT LEAST
MONITORING GRANTS		QUARTERLY WITH THE PROJECT COORDINATOR FROM THE GRANTEE ORGANIZATION THE PURPOSE OF THE
IN THE U S		MONITORING MEETING IS TO REVIEW GRANTEE AND SUBGRANTEE ACTIVITIES AND TIMELINES IN ORDER TO
		ENSURE COMPLIANCE WITH THE GRANT AWARD AGREEMENT THE SUBGRANTEE IS REQUIRED TO NOTIFY THE
		PROJECT COORDINATOR OF ANY ADJUSTMENTS IN THE SCOPE OF WORK OR TIMEFRAME FOR ACCOMPLISHING
		PROJECT ACTIVITIES SO THAT THE PROGRAM OFFICER OF THE GRANTING ORGANIZATION (THE FOUNDATION)
		CAN BE NOTIFIED ANY ADJUSTMENTS IN THE SCOPE OF WORK OR TIMELINE PROPOSED BY THE SUBGRANTEE
		MUST BE APPROVED BY THE PROJECT COORDINATOR AND CAN ONLY BE CARRIED OUT WITH THE PRIOR
		APPROVAL OF THE INSTITUTE'S PROGRAM OFFICER THE PROJECT COORDINATOR (THE GRANTEE) IS THE
		AUTHORIZED REPRESENTATIVE TO REQUEST PRIOR APPROVAL FROM THE PROGRAM OFFICER THE SUBGRANTEE
		PREPARES A REPORT OF ACTIVITIES FOR THE PROJECT COORDINATOR THE GRANTEE ORGANIZATION
		PREPARES THE PROJECT FINANCIAL REPORTS FOR THE GRANTING ORGANIZATION SHOWING DISTRIBUTION OF
		THE SUBGRANTEE AWARD THE GRANTEE ALSO PROVIDES A NARRATIVE REPORT ON A SCHEDULE DETERMINED
		BY THE GRANTING ORGANIZATION IN THE GRANT AWARD AGREEMENT THE GRANTEE NARRATIVE REPORT
		INCLUDES THE REPORT OF ACTIVITIES BY THE SUBGRANT

DLN: 93493191003412

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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**Employer identification number** Name of the organization BREAD FOR THE WORLD INSTITUTE 51-0175510

Pa	rt I Quest	tions Regarding Compensatio	n				
						Yes	No
.a				ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-clas	ss or charter travel	ᅜ	Housing allowance or residence for personal use			
	Travel for	companions	Γ	Payments for business use of personal residence			
	┌ Taxıdem	nıfıcatıon and gross-up payments	厂	Health or social club dues or initiation fees			
	☐ Discretio	nary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b				oon follow a written policy regarding payment or bove? If "No," complete Part III to explain	1b	Yes	
2				sing or allowing expenses incurred by all or, regarding the items checked in line 1a?	2	Yes	
3	organızatıon's	CEO/Executive Director Check all t					
	_	ation committee		Written employment contract			
		ent compensation consultant	<u> </u>	, ,			
	Form 990	of other organizations	[₹	Approval by the board or compensation committee			
ŀ	During the year		. Part VII	I, Section A, line $1 a$ with respect to the filing organization			
а	Receive a sev	erance payment or change-of-contro	l paymen	nt?	4a		Νo
b	Participate in	, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
C	Participate in	, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3	B) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
•		sted in form 990, Part VII, Section A i contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organizat	ion?			5a		Νo
b	Any related o	rganızatıon?			5b		No
	If "Yes," to lir	ne 5a or 5b, describe in Part III					
6		sted in form 990, Part VII, Section A i contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organizat	ion?			6a		Νo
b	Any related o	rganızatıon?			6b		No
	If "Yes," to lir	ne 6a or 6b, describe in Part III					
,		sted in Form 990, Part VII, Section A described in lines 5 and 6? If "Yes,"		, did the organization provide any non-fixed e in Part III	7		No
3	subject to the			occured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III				8		No
)	If "Yes" to lin		ne rebutta	able presumption procedure described in Regulations			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) DAVID M BECKMANN	(I) (II)	120,611 59,887	0	0	14,241 7,071	4,065 2,018		0	
					,	,	,		

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	A HOUSING ALLOWANCE IS A DESIGNATION FOR ANY ORDAINED, LICENSED, OR COMMISSIONED MINISTER WHO PROVIDES DOCUMENTATION THAT HE/SHE HAS BEEN ASSIGNED TO THE INSTITUTE AS PART OF HIS/HER MINISTRY A MINISTER WHO RECEIVES A HOUSING ALLOWANCE MAY EXCLUDE THE ALLOWANCE FROM GROSS INCOME TO THE EXTENT IT IS USED TO PAY RENT, MORTGAGE, UTILITIES, REPAIRS, AND OTHER EXPENSES DIRECTLY RELATED TO PROVIDING A HOME FOR THE YEAR ENDED DECEMBER 31, 2011, ONLY ONE PERSON RECEIVED A HOUSING ALLOWANCE

Schedule J (Form 990) 2011

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DLN: 93493191003412

OMB No 1545-0047

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**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization BREAD FOR THE WORLD INSTITUTE

**Employer identification number** 

51-0175510

Pa	rt I	Types of Property							
			(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> ) Method of de contribution	etermii	_	
1	A rt—W	/orks of art			- 3				
2	Art—H	istorical treasures .							
3	Art—F	ractional interests							
4	Books	and publications							
5	Clothii	ng and household							
	goods								
		nd other vehicles							
		and planes							
		ctual property							
		ties—Publicly traded .	X	17	60,894	FAIR MARKET VAL	U E		
		ties—Closely held stock .							
	or trus	ties—Partnership, LLC, st interests							
		ties—Miscellaneous							
13	contri	ed conservation bution—Historic cures							
14	Qualıfı	ed conservation bution—Other							
15	Reale	state—Residential .							
16	Reale	state—Commercial							
17	Reale	state—Other							
18	Collec	tibles							
19	Food II	nventory							
		and medical supplies .							
21	Taxıde	ermy							
		ıcal artıfacts							
		ific specimens							
24	Arche	ological artifacts							
		<b>▶</b> ()							
		<b>►</b> ()							
	Other								
	Other								
29				anızatıon durıng the tax yea 3283, Part IV, Donee Ackn		29	ı	,, I	
30-	Durin	a the year did the organize	tion receiv	e hy contribution any propo	erty reported in Part I, lines	1-28 that it		Yes	No
Jua					on, and which is not require				
		empt purposes for the entil			on, and winch is not require	a to be used			No
							30a		No
о 31		es," describe the arrangement the organization have a gif			review of any non-standard	contributions?	31		No
						i		i	
s∠ā		butions?	e unra parti	es or related organizations	to solicit, process, or sell i		32a		No
b	If "Y e	s," describe in Part II							
33			revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	descr	ibe in Part II							

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

DLN: 93493191003412

OMB No 1545-0047

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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization BREAD FOR THE WORLD INSTITUTE **Employer identification number** 

51-0175510

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE CONTROLLER AND VICE PRESIDENT OF FINANCE COMPARE THE FEDERAL FORM 990 TO THE AUDITED FINANCIAL STATEMENTS ALL VARIANCES ARE VERIFIED AGAINST SCHEDULES TO DETERMINE THAT THEY ARE CORRECT
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, MEMBERS OF THE BOARD OF DIRECTORS SIGN A NEW CONFLICT OF INTEREST STATEMENT ANY POSSIBLE CONFLICTS LISTED ARE REVIEWED BY THE VICE-PRESIDENT OF FINANCE TO DETERMINE IF THEY TRULY REFLECT A CONFLICT IF SO, THE STATEMENTS ARE DISCUSSED WITH THE AUDIT COMMITTEE IF THE COMMITTEE BELIEVES THE CONFLICT IS REAL, THE BOARD MEMBER IS ASKED TO EITHER RESIGN FROM THE BOARD OF DIRECTORS OR STOP THE ACTIVITY THAT IS CREATING THE CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15A	THE INSTITUTE DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES ALL EMPLOYEES ARE EMPLOYEES OF BREAD FOR THE WORLD, INC (BREAD), A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4) PERIODICALLY, BREAD'S HUMAN RESOURCE DEPARTMENT RECEIVES GENERAL MARKET DATA FROM AN OUTSIDE COMPENSATION CONSULTANT TO DETERMINE IF SALARIES ARE IN LINE WITH ORGANIZATIONS OF SIMILAR MISSION AND/OR SIZE A MORE THOROUGH MARKET ANALYSIS OF COMPENSATION OF SPECIFIC POSITIONS IS PROVIDED BY AN OUTSIDE COMPENSATION CONSULTANT ON AN AD HOC BASIS THE PRESIDENT'S SALARY IS REVIEWED BY THE BOARD OF DIRECTORS ON A PERIODIC BASIS THIS IS DISCUSSED AND DOCUMENTED IN THE EXECUTIVE SESSION THESE NOTES ARE KEPT BY THE BOARD SECRETARY AND ARE NOT OPEN TO THE PUBLIC HOWEVER, THE BOARD OF DIRECTORS DOES SEEK THE SAME INDEPENDENT COMPARISON DATA FOR THE PRESIDENT THAT BREAD SEEKS FOR ALL OTHER STAFF (INCLUDING OTHER MEMBERS OF THE EXECUTIVE TEAM)
	FORM 990, PART VI, SECTION C, LINE 19	THE INSTITUTE'S WEBSITE INCLUDES GOVERNANCE AND FINANCIAL INFORMATION SEVERAL CHARITY AND BUSINESS RATING SITES, SUCH AS THE BETTER BUSINESS BUREAU AND CHARITY NAVIGATOR, ALSO POST THESE DOCUMENTS AND ADDITIONAL INFORMATION THE INSTITUTE ALSO MAKES INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -77,517
		FORM 990, PART VII, COLUMN B THE FOLLOWING INDIVIDUALS DEDICATED A PORTION OF THEIR TIME TO THE MANAGEMENT OF BREAD FOR THE WORLD, INC , A RELATED ORGANIZATION DAVID M BECKMANN, PRESIDENT 20 HOURS PER WEEK GARY COOK, MANAGING DIRECTOR 20 HOURS PER WEEK KATHLEEN POMROY, DIRECTOR OF ORGANIZING 27 HOURS PER WEEK NANCY RHODES, VICE PRESIDENT OF FINANCE & ADMINISTRATION 33 HOURS PER WEEK
		FORM 990, PART V, LINE 2A IN ACCORDANCE TO THE GUIDANCE PROVIDED BY THE IRS, THE INSTITUTE HAS REPORTED THE TOTAL NUMBER OF EMPLOYEES THAT THEY SHARE WITH THE BREAD FOR THE WORLD, INC THE INSTITUTE DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES ALL EMPLOYEES ARE EMPLOYEES OF BREAD FOR THE WORLD, INC, A RELATED ORGANIZATION EXEMPT UNDER SECTION 501(C)(4)

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DLN: 93493191003412

2011

OMB No 1545-0047

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### Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization BREAD FOR THE WORLD INSTITUTE				<b>Employer</b> io 51-01755	dentification number		
Part I Identification of Disregarded Entities (Comp	olete if the organization	on answered "Yes'	' on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	ıf the organızatıor	answered "Yes"	on Form 990, P	art IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Direct controlling entity	(g) Section 512(b)( controlled organization	
(1) BREAD FOR THE WORLD INC						Yes	No
425 3RD STREET SW SUITE 1200	ADVOCACY	DC	501(C)(4)		I/A N/A		No
WASHINGTON, DC 20024 13-2803276							
						1	
For Privacy Act and Panerwork Reduction Act Notice see the Instruct	ions for Form 990	Cat No. 50	1 1135Y	1	Schedule R (		2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

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Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> (	Gift, grant, or capital contribution to related organization(s)	1b		No
<b>c</b> (	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d L	oans or loan guarantees to or for related organization(s)	1d		No
e l	Loans or loan guarantees by related organization(s)	1e		No
f S	Sale of assets to related organization(s)	1f		No
g F	Purchase of assets from related organization(s)	1g		No
h E	Exchange of assets with related organization(s)	1h		No
i L	ease of facilities, equipment, or other assets to related organization(s)	1i		No
j L	ease of facilities, equipment, or other assets from related organization(s).	1j		No
k F	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I P	erformance of services or membership or fundraising solicitations by related organization(s)	11		No
<b>m</b> 9	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n S	Sharing of paid employees with related organization(s)	1n	Yes	
o F	Reimbursement paid to related organization(s) for expenses	10	Yes	
p F	Reimbursement paid by related organization(s) for expenses	<b>1</b> p		No
q (	O ther transfer of cash or property to related organization(s)	1q		No
r C	Other transfer of cash or property from related organization(s)	1r		No
<b>2</b> I	f the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

2	If the answer to any of the above is "Yes	see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
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(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) BREAD FOR THE WORLD INC	0	4,925,000	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

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