Form	990
	nent of the Treasury Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public. nstructions is at www.irs.gov/form990.

OMB No. 1545-0047 6 8 **Open to Public**

Inspection

	Information about Ferral	orm 990 and its	i
oar	or tax year beginning	07	/ 1

ΑF	or th	e 201	8 calendar year, or tax year beginning $07/01$, 2018,	and endir	ng		06/30	, 20 19			
B c	heck if ap	plicable	C Name of organization			D Employer ide	entification	number			
	_		SUNDAY BREAKFAST RESCUE MISSION								
	Addre		Doing Business As			23-1352					
	Name	change		Room/suite		E Telephone number					
	Initial	return	302 NORTH 13TH STREET			(215) 922	2-6400				
	Termi		City or town, state or province, country, and ZIP or foreign postal code								
	Amen returr	n	PHILADELPHIA, PA 19107			G Gross receipt		3,545			
	_ Applio _ pendi		F Name and address of principal officer: JEREMY MONTGOMERY	_		H(a) Is this a grou subordinates?	p return for	Yes	X No		
			302 NORTH 13TH STREET, PHILADELPHIA, PA 1910	7		H(b) Are all subordi	nates included?	Yes	No		
		empt st		r 52	27	If "No," attac	h a list. (see	instructions)			
			WWW.SUNDAYBREAKFAST.ORG			H(c) Group exemp		-			
		_	nization: X Corporation Trust Association Other ►	L Year c	of formation	on: 1878 M	State of leg	al domicile:	PA		
P	art I		mmary				TROUG				
	1		y describe the organization's mission or most significant activities: TO MIN	ISTER I			JESUS	CHRIS			
nce			THE DISADVANTAGED IN THE PHILADELPHIA AREA								
erna	•										
Activities & Governance	2		k this box \blacktriangleright if the organization discontinued its operations or disposed						10.		
୍ ଅ	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3		$\frac{10.}{10.}$		
ies	4		er of independent voting members of the governing body (Part VI, line 1b)		• • • •		4		68.		
ivit	5		number of individuals employed in calendar year 2018 (Part V, line 2a)				5	5	,189.		
Act	0		number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12				6 7a	5	0		
			nrelated business texable income from Form 990-T, line 34				7a 7b		0		
		inet ui			1	Prior Year		Current Y			
	8	Contri	ibutions and grants (Part VIII, line 1h)			2,735,09			3,533.		
nue	9	Progra	am service revenue (Part VIII line 2g)	-		,,	0.	, -	0		
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	SPECTION		36,75	5.	384	4,393.		
Ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		·	47,62			5,626.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,819,47			3,552.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				0.		0		
	14		its paid to or for members (Part IX, column (A), line 4)				0.		0		
s	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,404,85	2.	1,284	4,137.		
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)				0.		0		
xpe	b	Total	fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 447, 433.								
ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,449,24	8.	1,489	9,404.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,854,10	0.	2,773	3,541.		
	19		nue less expenses. Subtract line 18 from line 12			-34,62	5.	-194	1,989.		
s or					Beginn	ing of Current Y		End of Yea			
sets alan	20	Total	assets (Part X, line 16)			3,629,62	6.	-	2,379.		
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)			672,45			4,425.		
P.u.	22	Net as	ssets or fund balances. Subtract line 21 from line 20			2,957,17	3.	2,73	7,954.		
	rt II		gnature Block								
			of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which				my knowl	edge and b	elief, it is		
			A. IKA			Ĩ					
Sig	n		Signature of officer			Date	9/2020				
He		1				Date					
			JEREMY MONTGOMERY PRESIDI Type or print name and title		LEO						
			Type or print name and the Preparer's signature	Date			PTIN				
Paic	ł		C M STRAUSS		2/2020	Check	"	991844			
Pre	parer			05/22			22-202				
Use	Only			02 0706				7092 6-2140			
May	the I	-	s address Two Logan sq ste 2001; 18th&arch st philadelphia, pa 191 scuss this return with the preparer shown above? (see instructions)		[Phone no.		Yes			
			Reduction Act Notice, see the separate instructions.					Form 99	No (2018)		
1 01	rape		הפטעטוטה אטר אטוועד, זבר ווד זבאמומול ווזפו עטוטוז.					- OHH J J			

For	rm 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
	THE SUNDAY BREAKFAST RESCUE MISSION EXISTS TO MINISTER IN THE NAME OF	
	JESUS CHRIST TO THE SPIRITUAL AND PRACTICAL NEEDS OF THE	
	DISADVANTAGED IN THE PHILADELPHIA AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 1,888,239. including grants of \$) (Revenue \$	158.)
	EMERGENCY SHELTER- SHELTER PROVDED FOR MEN, WOMEN AND CHILDREN,	
	62,385 NIGHTS OF LODGING. MEALS PROVIDED FOR MEN, WOMEN, AND	
	CHILDREN, 167,093 MEALS.	
<u>4h</u>	• (Code:) (Expenses \$including grants of \$) (Revenue \$)
40)
_		
4C	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe in Schedule O.)	
10	(Expenses \$ including grants of \$) (Revenue \$) ■ Total program service expenses ▶ 1,888,239.	
JSA		Form 990 (2018)
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SUNDAY BREAKFAST RESCUE MISSION

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	~	x
2 3	Did the organization required to complete <i>Schedule B</i> , <i>S</i>	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	A	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schodulo D. Parts XI and XII.	12a	x	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55		22		Х
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
- and	Check if Schedule O contains a response or note to any line in this Part V.			\square
			Yes	No
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
	reportable gaming (gambling) winnings to prize winners?	1c		(0015)
JSA		⊢orm	390	(2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 68									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
	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, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization									
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	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 services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		X						
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>						
8										
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	120								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a								
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa								
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which									
a	the organization is licensed to issue qualified health plans									
-										
		14a		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	0								
15	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.			_						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.	-								

Form **990** (2018)

Form 9	990 (2018) SUNDAY BREAKFAST RESCUE MISSION 23-13	52558	F	Page 6
Part	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion 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 1	10		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir			x
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			x
-	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	3		
	the year by the following:	8a	х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	, 10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	э		
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval b	y		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	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			x
	with a taxable entity during the year?	16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th			
Sect	organization's exempt status with respect to such arrangements?			L
	organization's exempt status with respect to such arrangements?			
17	ion C. Disclosure			
10	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ^{PA,}		tion 5	:01(-)
18	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ^{PA,} Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990		tion 5	501(c)
18	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ^{PA,} Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		tion 5	501(c)
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O))-T (Sec		. ,
18 19	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ^{PA,} Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.)-T (Sec		. ,

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Form 990 (20)18)		SUNI	AY BREAKE	FAST RESC	UE M	ISSION		23-13	52558	Page 7
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and

	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	ate this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

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

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per		k, unless perso cer and a dire					compensation from	compensation from	amount of
	week (list any hours for						<u> </u>	the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	rect	tutio	ë	emp	est o	Per	(W-2/1099-MISC)		organization
	below dotted line)	or u	nalt		loye	e om				and related organizations
	line)	stee	rust		e	Dens				organizations
			ee			Highest compensated employee				
(1)JAMES M. MUMMA	1.50									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2) REBECCA VAN DYKE	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(3)KEVIN MICHALS	1.00									
MEMBER	0.	Х						0.	0.	0.
(4)ALAN HINKLE	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)JEFFREY HARVEY	1.00									
MEMBER	0.	Х						0.	0.	0.
(6)JOHN MYERS	1.00									
VICE CHAIR	0.	Х						0.	0.	0.
(7)THOMAS SCHIED	1.00									
MEMBER	0.	Х						0.	0.	0.
(8)SAM HWANG	1.00									
MEMBER	0.	Х						0.	0.	0.
(9)REGGIE WILKES	1.00									
MEMBER	0.	Х						0.	0.	0.
(10) ^{ELOISE} YOUNG	1.00									
MEMBER	0.	Х						0.	0.	0.
(11) JEREMY MONTGOMERY	40.00									
PRESIDENT AND CEO	0.			Х				16,182.	0.	741.
(12) ^{RICHARD} MCMILLEN	40.00									
FORMER CEO (UNTIL 12/31/2018)	0.			Х				85,790.	0.	14,183.
<u>(13)</u>										
(14)										

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8E1041 1.000

SUNDAY BREAKFAST RESCUE MISSION

Form 990 (2018)												Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Emplo	yees (co	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	heck ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed	Est am	(F) imated ount of other pensation
	related organizations below dotted line)	Individual trustee or director							orga and	m the Inization related nizations		
		_										
		-										
		_										
		-										
1b Sub-total							►	101,972.		0.		14,924.
c Total from continuation sheets to Part VII, S								0.		0.		0.
 d Total (add lines 1b and 1c)	limited to t	hose	liste				► o re	101,972. ceived more than	\$100,000	0. of		14,924.
		0.	•									Yes No
3 Did the organization list any former offic	cer, directo	or, or	tru	uste	e, I	key e	emp	loyee, or highes	t compens	ated		
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	livid	ual	• •		••				3	X
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual											4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	X
Section B. Independent Contractors											,	
 Complete this table for your five highest con compensation from the organization. Report year. 												
(A) Name and business ad	dress							(B) Description of se	ervices	C	(C) ompens	ation
2 Total number of independent contractors (i				nited	d to	thos	se li	sted above) who	received			
more than \$100,000 in compensation from the	ne organizat	tion 🕨	•		0	•						

Par	t vii	Check if Schedule O co		se or note to ar	w line in this Part V			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
fts,	с	Fundraising events						
, Gi	d	Related organizations						
ions Sil	e	Government grants (contribu						
the	f	All other contributions, gifts,	-	2,138,533.				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included Noncash contributions included i		406,263.				
	g h	Total. Add lines 1a-1f			2,138,533.			
Program Service Revenue				Business Code				
ever	2a							
e R	b							
Zic	с							
Se	d							
ram	е							
rog	f	All other program service rev		L				
<u> </u>	g	Total. Add lines 2a-2f			0.			
	3	Investment income (inc and other similar amounts).	luding dividen		22,120.			22,120.
	4	Income from investment of			0.			
	5	Royalties			0.			
		,	(i) Real	(ii) Personal				
	6a	Gross rents	58,553.					
	b	Less: rental expenses	3,085.					
	с	Rental income or (loss)	55,468.					
	d	Net rental income or (loss)			55,468.			55,468.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	240,292.	772,846.				
	b	Less: cost or other basis	000 415	405 440				
		and sales expenses	223,417.	427,448. 345,398.				
	c d	Gain or (loss) l		· .	362,273.			362,273.
	8a	C ()			502,2751			50272751
nue	oa	Gross income from fundra events (not including \$	-					
eve		of contributions reported on						
er R		See Part IV, line 18		0.				
Other Revenue	b	Less: direct expenses		0.				
-	c	Net income or (loss) from fu	ndraising events	<u></u>	0.			
	9a	Gross income from gaming						
		See Part IV, line 19		0.				
	b	Less: direct expenses			0.			
	c	Net income or (loss) from g	-	· · · · · · · · · · · · · · · · · · ·	0.			
	10a	Gross sales of inventor returns and allowances		312,983.				
	h	Less: cost of goods sold						
	b c	Net income or (loss) from sal	es of inventory		0.			
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS INCOME			158.	158.		
	b							ļ
	с							
	d	All other revenue						
	e	Total. Add lines 11a-11d			158.			
	12	Total revenue. See instruction	ns.	<u> </u>	2,578,552.	158.		439,861.

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Form **990** (2018)

	All other organization	ns must complete colum	ın (A).
waa an mata ta amu lina	in this Dant IV		· · ·
			(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			·
0.			
0.			
0.			
116 005	01 700	20 147	15 020
110,095.	01,/20.	20,147.	15,020
0			
	670 498	165 285	123,224
,001.	0,0,190.	105,205.	123,22
5,208.	3,641.	898.	669
			16,381
			9,706
	02,0201		2770
0.			
0.			
15,125.	908.	14,066.	15
0.		,	
0.			
0.			
125,150.	7,969.	116,738.	443
256,948.	3,384.	2,776.	250,788
262,034.	225,234.	15,022.	21,778
13,728.	3,969.	4,957.	4,802
0.			
18,403.	18,403.		
16,722.	12,644.	3,719.	359
0.			
5,505.	3,081.	2,399.	25
43,712.	16,330.	27,330.	52
0.			
187,752.	184,822.	2,241.	689
102,703.	79,453.	21,612.	1,638
271,990.	271,990.		
43,859.	43,493.	74.	292
83,593.	83,546.	47.	
9,772.	2,790.	5,566.	1,410
32,408.	32,408.		
2,773,541.	1,888,239.	437,869.	447,433
	(A) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 116,895. 0. 959,007. 5,208. 127,485. 75,542. 0. 0. 0. 0. 0. 0. 0. 0. 15,125. 0. 0. 125,150. 256,948. 262,034. 13,728. 0. 18,403. 16,722. 0. 187,752. 102,703. 187,752. 102,703. 271,990. 43,859. 83,593. 9,772. 32,408.	Total expenses Program service expenses 0. 0. 125,150. 7,969. 256,948. 3,384. 262,034. 225,234. 13,728. 3,969. 0. 0. 18,403. 18,403. 16,722. 12,644. 0. 0. 187,752. 184,822.	expenses general expenses 0. 0. 115,125. 908. 14,066. 0. 0. 0. 125,150. 7,969. 116,738. 2,776. 262,034. 225,234. 15,022. 12,644. 3,719. 0. <

0.

following SOP 98-2 (ASC 958-720)

JSA

Part >	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this P	art X		X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	25,730.	1	223,788.
2		9,586.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0
21 7		0.	7	0
7 ASSEIS		116,425.	8	0
≮ 0 9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 1	7,953.	9	4,783
-	a Land, buildings, and equipment: cost or	,	5	,
	other basis. Complete Part VI of Schedule D 10a 5,110,032.			
	b Less: accumulated depreciation	2,715,668.	10c	2,327,832
11	Investments - publicly traded securities ATCH 2	201,669.	11	7,423
12	Investments - other securities. See Part IV, line 11	550,502.	12	540,328
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	2,093.	15	8,225
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,629,626.	16	3,112,379
17	Accounts payable and accrued expenses	131,435.	17	78,181
18	Grants payable	0.	18	0
19	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
aoi	disqualified persons. Complete Part II of Schedule L	0.	22	0
Ĵ 23	Secured mortgages and notes payable to unrelated third parties	540,868.	23	283,159
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	150.	25	13,085
26	Total liabilities. Add lines 17 through 25	672,453.	26	374,425
ŝ	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	2,128,587.	27	2,159,904
28 28	Temporarily restricted net assets	419,684.	28	316,464
29 <u>2</u> 9	Permanently restricted net assets	408,902.	29	261,586
Or rund balances 82 82 83 93 94 94 94 95 95 96 96 96 96 96 96 96 96 96 96 96 96 96	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 32 33	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,957,173.	33	2,737,954
34	Total liabilities and net assets/fund balances	3,629,626.	34	3,112,379.

Form **990** (2018)

DOUDAL DIGARLADI KEDCOE MIDDIO	SUNDAY	BREAKFAST	RESCUE	MISSION
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Form 99	90 (2018)			Р	age 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		578,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		773,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-194,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,		173.
5	Net unrealized gains (losses) on investments	5		1,	184.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-25,	414.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	2,	737,	954.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	in	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis) X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversig	jht		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countar	nt? 20	; X	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth			
	the Single Audit Act and OMB Circular A-133?		. 3a	ı 📃	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.	3b		

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 Department of the Treasury

OMB No. 1545-0047 20 18

							Open to Public Inspection		
Nam	e of the	e organization						Employer identif	ication number
SUL	JDAY	BREAKFAS	r rescue 1	MISSION				23-13525	58
Pa	rt I	Reason for	Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	6.
The	orga	nization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the)(iii). Enter the		
		hospital's nam							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit desc section 170(b)(1)(A)(iv). (Complete Part II.)						ental unit described in		
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8					b)(1)(A)(vi). (Complete				
9		-		-	ed in section 170(b)(1		-		
		or university o	r a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from (acquired by th	activities rela gross investm le organizatio	ited to its exempt f nent income and u on after June 30, 1	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III.)	in 331/3 % of its
11		•	•	•	usively to test for publi	•			
12		-	-	-		-			carry out the purposes
				· · ·					See section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а				-	, supervised, or contr				
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-	-	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control of mar	lage the supported
с				-	, Sections A and C. ng organization operation	ted in c	onnectio	n with and functiona	lly integrated with
U			-		ns). You must comple				ily integrated with,
d			-		porting organization of				ted organization(s)
			-		nization generally mus	-			
			-		omplete Part IV, Sect	-			
е		- ·		,	a written determinatio				II, Type III
			•		ionally integrated sup			••• •••	
f	Ente	er the number	of supported	l organizations					
g	Pro	vide the follow	ving information	on about the suppo	orted organization(s).				
	(i) Na	me of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

23-1352558

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,784,170.	2,420,940.	2,498,875.	2,735,091.	2,138,533.	12,577,609.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,784,170.	2,420,940.	2,498,875.	2,735,091.	2,138,533.	12,577,609.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						12,577,609.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,784,170.	2,420,940.	2,498,875.	2,735,091.	2,138,533.	12,577,609.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,230.	28,344.	29,266.	27,173.	22,120.	166,133.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	13,061.	11,863.	3,087.	4,487.	158.	32,656.
11	Total support. Add lines 7 through 10						12,776,398.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,737,750.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li					14	98.44%
15	Public support percentage from 2017					15	98.27 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org	-					
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						•
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-		
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> P 🖂</u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6 7-	3						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				((n -) .
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
1	Net income from unrelated business						
1	Net income from unrelated business activities not included in line 10b,						
1	activities not included in line 10b, whether or not the business is regularly						
	activities not included in line 10b, whether or not the business is regularly carried on						
1 2	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on						
2	activities not included in line 10b, whether or not the business is regularly carried on						
	activities not included in line 10b, whether or not the business is regularly carried on						
2 3	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 VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
2	activities not included in line 10b, whether or not the business is regularly carried on	-					· · · · r
2 3 4	activities not included in line 10b, whether or not the business is regularly carried on						· · · · · -
2 3 4	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta	ige				▶[
2 3 4 5 5	activities not included in line 10b, whether or not the business is regularly carried on	p ort Percenta , column (f), divid	ige led by line 13, colu	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15	▶[
2 3 4 5 6	activities not included in line 10b, whether or not the business is regularly carried on	p ort Percenta , column (f), divic edule A, Part III, lin	i ge Jed by line 13, colu ne 15	mn (f))	· · · · · · · · · · · · · · · · · · ·		▶[
2 3 4 5 6	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc	ige led by line 13, colu ne 15	mn (f))		. 15 16	· · · · • [
2 3 4 5 6	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (led by line 13, colu ne 15 centage (f), divided by line	mn (f))	·····	. 15 16 17	· · · · • [
2 3 4 <u>6</u> ec 5 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part	ied by line 13, colu ne 15 centage (f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · • • [
2 3 4 <u>6</u> ec 5 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part	ied by line 13, colu ne 15 centage (f), divided by line III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · • • [
2 3 4 <u>6</u> ec 5 6 6 7 8	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic dule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n	Ige ded by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box	mn (f)) 13, column (f))	d line 15 is mor	. 15 16 17 18 e than 331/3%, a	and line
2 3 4 5 6 6 7 8 9 a	activities not included in line 10b, whether or not the business is regularly carried on	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto	Ige led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the boy p here. The org:	mn (f)) 13, column (f)) c on line 14, and anization qualifier	d line 15 is mor s as a publicly	15 16 17 18 e than 331/3 %, a supported organi	and line zation . ▶ [
2 3 4 5 6 6 7 8 9 a	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 VI.)	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not	led by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The orgonic check a box on	mn (f)) 13, column (f)) anization qualifier ine 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3%, a supported organi s more than 331/3	and line zation . ►

23-1352558

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

Schedu	le A (Form 990 or 990-EZ) 2018	.550	ı	Page 5
Part				ugo 🗨
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Section	on C. Type II Supporting Organizations		24	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		100	
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	structi	ons).	
b c	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see</i>	instru	ntional	
U	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity (see		Yes	
2	Activities Test. Answer (a) and (b) below.		100	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
JSA	Schedule A (Form	990 or	990-E2	Z) 2018

SUNDAY BREAKFAST RESCUE MISSION Schedule A (Form 990 or 990-EZ) 2018		23	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic	•		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 7

ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
-			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 201
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
6	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Ļ	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
;	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
,	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
;	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOME	E			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	13,061.	11,863.	3,087.	4,487.	158.	32,656.
TOTALS	13,061.	11,863.	3,087.	4,487.	158.	32,656.

SCHEDULE D Supplemental Financial Statements						
(For	m 990)	Complete if the organization			2018	
		Part IV, line 6, 7, 8, 9, 10, 11a, 1		2b.		
	tment of the Treasury	Attach to Go to www.irs.gov/Form990 for in:	Form 990. structions and the latest inform:	ation	Open to Public Inspection	
_	al Revenue Service of the organization			Employer identificat		
SUN	DAY BREAKFAST	RESCUE MISSION		23-135255	8	
Pa	rt I Organiza	tions Maintaining Donor Advised Funds o	r Other Similar Funds or	Accounts.		
	Complete	if the organization answered "Yes" on For	m 990, Part IV, line 6.			
		(a) D	onor advised funds	(b) Funds and o	other accounts	
1		nd of year				
2	Aggregate value of					
3		f grants from (during year)				
4 5		t end of year	riting that the accete hold in	n danar advisad		
5	-	nization's property, subject to the organization'	-		Yes No	
6	-	on inform all grantees, donors, and donor adv	-			
•	-	purposes and not for the benefit of the dono				
		issible private benefit?			🗌 Yes 🗌 No	
Ра	rt II Conserva	tion Easements.				
		if the organization answered "Yes" on For				
1		servation easements held by the organization (
		n of land for public use (e.g., recreation or educ		of a historically imp		
		f natural habitat	Preservation o	of a certified histor	ic structure	
2		n of open space through 2d if the organization held a qualified	conservation contribution in t	the form of a cons	envation	
2	-	ast day of the tax year.			End of the Tax Year	
а		onservation easements		2a		
b		ricted by conservation easements		2b		
с	-	vation easements on a certified historic structu		2c		
d	Number of conse	vation easements included in (c) acquired aft	er 7/25/06, and not on a			
		sted in the National Register		2d		
3		vation easements modified, transferred, release	sed, extinguished, or termina	ated by the organi	zation during the	
	tax year ►		ant in Incontrol N			
4 5		where property subject to conservation easem ation have a written policy regarding the p				
5	-	procement of the conservation easements it hold		-	Yes No	
6		nours devoted to monitoring, inspecting, handling c				
•		iono dovotod to monitoring, inopooting, nanaling t	and only only only only		during the year	
7	Amount of expens	es incurred in monitoring, inspecting, handling o	of violations, and enforcing co	nservation easeme	ents during the year	
	▶\$		_			
8		vation easement reported on line 2(d) above sati				
		(4)(B)(ii)?			└── Yes └── No	
9		be how the organization reports conservation e		•		
		d include, if applicable, the text of the footnote ounting for conservation easements.	to the organization's financia	al statements that o	lescribes the	
Pa		tions Maintaining Collections of Art, Histo	prical Treasures, or Other	Similar Assets.		
		if the organization answered "Yes" on For				
1a	If the organization	elected, as permitted under SFAS 116 (ASC	958), not to report in its re	evenue statement	and balance sheet	
	works of art, hist	elected, as permitted under SFAS 116 (ASC prical treasures, or other similar assets held vide, in Part XIII, the text of the footnote to its f	for public exhibition, educ	ation, or research	in furtherance of	
b	•	n elected, as permitted under SFAS 116 (AS			and balance sheet	
~	works of art, hist	orical treasures, or other similar assets held	for public exhibition, educ			
	public service, pro	vide the following amounts relating to these ite	ms:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶\$_		
~		d in Form 990, Part X.				
2	•	n received or held works of art, historical to			gain, provide the	
а		required to be reported under SFAS 116 (ASC on Form 990, Part VIII, line 1.				
b		Form 990, Part X				
For F		Act Notice, see the Instructions for Form 990.			dule D (Form 990) 2018	

SUNDAY BREAKFAST RESCUE MISSION

23-1352558

		DAY BREAKFAST	RESCUE MISSI	JIN		23-13525	000			
	dule D (Form 990) 2018						-	Page 2		
Ра	rt III Organizations Maintaini									
3	Using the organization's acquisitio		ther records, chec	k any of the	e following that a	are a signific	cant us	e of its		
	collection items (check all that appl	y):								
а	Public exhibition			or exchange	programs					
b	Scholarly research		e Other							
С	Preservation for future gener	ations								
4	Provide a description of the organ	ization's collections	and explain how	they further	the organization	's exempt p	urpose	in Part		
	XIII.									
5										
	assets to be sold to raise funds rath	er than to be mainta	ined as part of the	organization	s collection?	🗍	Yes	No		
Ра	rt IV Escrow and Custodial A	rangements.								
	Complete if the organiza	tion answered "Ye	s" on Form 990, I	Part IV, line	9, or reported a	an amount d	on Forr	n		
	990, Part X, line 21.				•					
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary for a	ontributions	or other assets no	ot				
	included on Form 990, Part X?						Yes	No		
b	If "Yes," explain the arrangement ir	Part XIII and comp	lete the following ta	ble:		••••				
						Amount				
с	Beginning balance			1c						
	Additions during the year									
e	Distributions during the year					-				
f	Ending balance									
2a	Did the organization include an am				stodial account li	ability2	Yes	No		
	If "Yes," explain the arrangement in									
	rt V Endowment Funds.			rnas been pi	Ovided on Fart Al					
Гa	Complete if the organiza	tion answered "Ve	s" on Form 990	Part IV/ line	10					
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance 201,669 171,717 305,325 242,059 243,885									
b	Contributions		19,756.							
С	Net investment earnings, gains,	10 440	10 100		C10	1 105		1 000		
	and losses	-13,442.	10,196.	-29	,618.	4,486.		1,826		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	188,227.		103	,990. 4	7,000.				
f	Administrative expenses									
g	End of year balance		201,669.	171	,717. 19	9,545.	24	2,059		
2	Provide the estimated percentage	of the current year e	end balance (line 1g	, column (a))	held as:					
а	Board designated or quasi-endowm		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	► <u></u> %								
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.							
3a	Are there endowment funds not in t	he possession of th	e organization that	are held and	d administered for	r the				
	organization by:					_	Ye	es No		
	(i) unrelated organizations						3a(i)	Х		
	(ii) related organizations						Ba(ii)	Х		
b	If "Yes" on line 3a(ii), are the relate	d organizations listed	d as required on Scł	edule R?			3b			
4	Describe in Part XIII the intended u	ses of the organizat	tion's endowment fu	nds.		_				
Ра	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organization					1				
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d) B	Book value			
1a	Land		`	430,050.			430	,050.		
b	Buildings			359,919.	2,529,116.			,803.		
С	Leasehold improvements			. ,	, , , , , , , , , , , , , , , , , , , ,		, 0			
ч С	Equipment			320,063.	253,084.		66	5,979.		
u A				,	200,001			,		
	Other I. Add lines 1a through 1e. <i>(Column</i>		1990 Part X colum	n (R) line 10			2.327	,832.		
TULA	. Add intes ta uniough te. (Column	(u) must equal FOM	1990, Fait A, COIUII	ווו, <i>נ</i> ם) וו	u.)	<u> </u>	ا کر ہ ک	,054.		

Schedule D (Form 990) 2018		Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER SECURITY	540,328.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
(□) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	540,328.	
Part VIII Investments - Program Related.	J40, 520.	
	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) Description of investment	(b) DOOK value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
		, Part IV, line 11d. See Form 990, Part X, line 15.
· ·	scription	(b) Book value
<u>(1)</u>		
<u>(2)</u>		
(3)		
<u>(4)</u> (5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) In	ine 15.)	•••••
Part X Other Liabilities.		
	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	e
(1) Federal income taxes		
(2) SECURITY DEPOSITS	13,0	085.
$\frac{(3)}{(4)}$		
$\frac{(4)}{(5)}$		
(5)		
$\frac{(6)}{(7)}$		
(7) (8)		
(9)		
\-/		

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶
 13,085.

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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SUNDAY BREAKFAST RESCUE MISSI	SUNDAY	BREAKFAST	RESCUE	MISSION
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Schedu	le D (Form 990) 2018	20 1	Page 4
Part		turn.	
1	Total revenue, gains, and other support per audited financial statements	. 1	2,908,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	57.	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	59.	
е	Add lines 2a through 2d	. <u>2</u> e	330,126.
3	Subtract line 2e from line 1	. 3	2,578,552.
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 XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,578,552.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.	
1	Total expenses and losses per audited financial statements	. 1	3,089,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	59.	
е	Add lines 2a through 2d	2e	316,069.
3	Subtract line 2e from line 1	3	2,773,541.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	2,773,541.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional ir		

SEE PAGE 5

SUNDAY BREAKFAST RESCUE MISSION

SCHEDULE D, PART X, LINE 2

Part XIII Supplemental Information (continued)

THE MISSION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.THE MISSION ADOPTED THE ACCOUNTING PRONOUNCEMENT DEALING WITH THE UNCERTAIN TAX POSITIONS AS OF JULY 1, 2011. UPON ADOPTION OF THIS PRONOUNCEMENT, THE MISSION HAD NO UNRECOGNIZED TAX BENEFITS. FURTHERMORE, MISSION HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2019 AND 2018. IN ADDITION, THE MISSION HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

FORM 990 EXCLUDES A LOSS OF \$14,057 FROM THE CHANGE IN VALUE OF BENEFICIAL INTEREST DURING THE YEAR ENDED JUNE 30, 2019. IN ADDITION, REVENUE IS NETTED AGAINST RENTAL EXPENSES OF \$3,086 AND COST OF GOODS SOLD OF \$312,983 DURING THE YEAR ENDED JUNE 30, 2019.

SCHEDULE D, PART XII, LINE 2D

FOR THE YEAR ENDED JUNE 30, 2019, EXPENSES OF \$3,086 FOR RENTAL EXPENSES AND \$312,983 FOR COST OF GOODS SOLD WERE NETTED DIRECTLY AGAINST REVENUE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public

Name of the organization

SUNDAY BREAKFAST RESCUE MISSION

Employer identification number 23-1352558

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	Х		196,559.	RETAIL PR	ICE	COMI	PARE
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		129,135.	209,704.	RETAIL PR	ICE	COM	PARE
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ▶()							
27	Other ▶()							
28	Other ▶()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I		• •		29			
	č 1			-			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, line	s 1 through			
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?					31		Х
32a	Does the organization hire or use	e third parti	es or related organization	ns to solicit, process, or s	sell noncash			
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.		• •					
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a) is checked.			
	describe in Part II.				,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part II Sup

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization SUNDAY BREAKFAST RESCUE MISSION

Employer identification number 23-1352558

FORM 990, PART XI, LINE 9 THE CHANGE IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2019 INCLUDES A LOSS OF \$25,416 FROM THE CHANGE IN THE VALUE OF BENEFICIAL INTEREST ON TRUSTS.

FORM 990, PART VI, SECTION B, LINE 11 FORM 990 IS REVIEW AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C THE MISSION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ON A YEARLY BASIS.

FORM 990, PART VI, SECTION B, LINE 15 THE BOARD OF DIRECTORS REVIEWS OFFICER COMPENSATION ON A YEARLY BASIS. THE PRESIDENT/CEO RECOMMENDS WAGES ON THE BASIS OF COMPARABLE DATA AND SUBMITS A BUDGET FIGURE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19 FINANCIAL STATEMENTS AND THE ANNUAL REPORT ARE AVAILABLE VIA MISSION'S WEBSITE.

Schedule O (Form 990 or 990-EZ) 2018 Name of the organization SUNDAY BREAKFAST RESCUE MISSION

23-1352558 ATTACHMENT 1

Employer identification number

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES DESCRIPTION

PREPAID EXPENSE

TOTALS

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
PUBLIC SECURITY	7,423.	FMV
TOTALS	7,423.	

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

23-1352558

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SUNDAY BREAKFAST RESCUE MISSION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
							Yes	No
	646711							
302 NORTH 13TH STREET PHILADELPHIA, PA	19105	FUNDRAISING	PA	501(C)(3)	7	N/A		Х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Page **2**

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

		Janizador		aranoromp daring an	o lax your.					-		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

SUNDAY BREAKFAST RESCUE MISSION	SUNDAY	BREAKFAST	RESCUE	MISSION
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Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N
1	During the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	sted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		2
	Loans or loan guarantees by related organization(s)				1e		2
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		2
h	Purchase of assets from related organization(s)				1h		2
	Exchange of assets with related organization(s)				1i		2
	Lease of facilities, equipment, or other assets to related organization(s).				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	Sharing of paid employees with related organization(s)				10		
n	Reimbursement paid to related organization(s) for expenses.				1p		
-	Reimbursement paid by related organization(s) for expenses				1q		2
	Other transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
<u>-</u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transa	action three			·
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	ermini	ng
		type (a-s)		amou	nt inv	volved	-
)							
2)							
3)							
4)							
5)							
5)							
		1					

Page 4

Schedule R (Form 990) 2018

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.

(a) Name, address, and EIN of entity	(b) Primary activity ((c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2018

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.