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**Return of Organization Exempt From Income Tax**

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2005 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>BREAD FOR THE WORLD, INC.</b>		<b>D Employer identification number</b> 13-2803276
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>50 F STREET, N.W. 500</b>		<b>E Telephone number</b> (202) 639-9400
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20001</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **N/A**

**G Website** WWW.BREAD.ORG

**J Organization type** (check only one)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

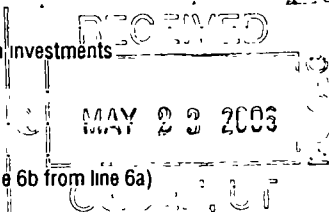
**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **5,292,914.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	4,894,414.		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>4,894,414.</u> noncash \$ _____)	<b>1d</b>		4,894,414.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		68,091.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		19,077.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	273,526.	<b>8a</b>			
	264,239.	<b>8b</b>			
	9,287.	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		9,287.		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		37,806.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		5,028,675.		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	3,194,784.		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	488,983.		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	643,053.		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		4,326,820.	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		701,855.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		2,601,292.		
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>		21,417.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		3,324,564.		



SCANNED JUL 13 2005

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 205,220.	20,819.	153,214.	31,187.
26 Other salaries and wages	26 1,443,711.	1,207,639.	184,009.	52,063.
27 Pension plan contributions	27 87,079.	77,555.	7,782.	1,742.
28 Other employee benefits	28 144,459.	120,325.	24,016.	118.
29 Payroll taxes	29 122,934.	98,234.	16,676.	8,024.
30 Professional fundraising fees	30 39,600.	19,800.		19,800.
31 Accounting fees	31 19,635.	14,575.	2,391.	2,669.
32 Legal fees	32 3,416.	2,536.	416.	464.
33 Supplies	33 81,061.	51,592.	16,556.	12,913.
34 Telephone	34 57,816.	53,323.	2,447.	2,046.
35 Postage and shipping	35 138,888.	120,762.	3,221.	14,905.
36 Occupancy	36 299,588.	228,742.	30,602.	40,244.
37 Equipment rental and maintenance	37 56,741.	41,913.	6,405.	8,423.
38 Printing and publications	38 128,321.	125,532.	2,634.	155.
39 Travel	39 106,230.	104,066.	620.	1,544.
40 Conferences, conventions, and meetings	40 25,532.	24,835.	196.	501.
41 Interest	41 722.		722.	
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 1,365,867.	882,536.	37,076.	446,255.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 4,326,820.	3,194,784.	488,983.	643,053.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 806,949. (ii) the amount allocated to Program services \$ 522,536.  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ 284,413.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a CHURCH RELATIONS: INCLUDES THE DEVELOPMENT AND MAINTENANCE OF GOOD WORKING RELATIONS WITH NATIONAL AND REGIONAL CHURCH LEADERSHIP AND AGENCY STAFF ACROSS THE DENOMINATIONAL SPECTRUM &amp; SEEKS TO STRENGTHEN THE SPIRIT-LIFE OF THE STAFF.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	485,607.
<b>b COMMUNICATIONS: LEADS THE EFFORT TO COMMUNICATE WITH THE BROAD PUBLIC THROUGH MEDIA RELATIONS, PUBLIC RELATIONS AND PUBLICATIONS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	466,304.
<b>c ORGANIZING: BUILDING &amp; SUPPORTING THE ORGANIZATION'S GRASS-ROOTS NETWORK ACROSS THE COUNTRY, AND DEVELOPING &amp; MAINTAINING GOOD WORKING RELATIONS WITH NATIONAL CHURCH LEADERSHIP AND AGENCY STAFF.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	622,498.
<b>d GOVERNMENT RELATIONS: DEVELOPMENT &amp; ARTICULATION OF POLICY POSIITONS, LEGISLATIVE GOALS, &amp; LOBBYING STRATEGIES FOR ACHIEVING THESE GOALS WITH CONGRESS &amp; THE ADMINISTRATION.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	344,343.
<b>e Other program services (attach schedule) SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,276,032.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	3,194,784.

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	500,229.	45	1,049,121.
	46 Savings and temporary cash investments	77,438.	46	548,079.
	47 a Accounts receivable	47a 2,060,792.		
	b Less: allowance for doubtful accounts	47b	47c	2,060,792.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	62,534.	53	70,753.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>	<b>3,087,102.</b>	<b>59</b>	<b>3,728,745.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	485,810.	60	404,181.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
<b>66 Total liabilities. Add lines 60 through 65</b>	<b>485,810.</b>	<b>66</b>	<b>404,181.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	2,586,544.	67	3,314,564.
	68 Temporarily restricted	14,748.	68	10,000.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	<b>2,601,292.</b>	<b>73</b>	<b>3,324,564.</b>	
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>3,087,102.</b>	<b>74</b>	<b>3,728,745.</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	5,050,092.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>	21,417.	
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	21,417.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,028,675.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,028,675.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,326,820.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	4,326,820.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	4,326,820.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		179,024.	26,196.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 42
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? SEE STATEMENT 7 75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization BREAD FOR THE WORLD INSTITUTE, INC and check whether it is [X] exempt or [ ] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
c Dues, assessments, and similar amounts from members
d Section 162(e) lobbying and political expenditures
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
f Taxable amount of lobbying and political expenditures (line 85d less 85e)
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter: a 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.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
If "Yes," complete Part IX
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
If "Yes," attach a statement explaining each transaction
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed SEE STATEMENT 8
b Number of employees employed in the pay period that includes March 12, 2005 90b 76
91 a The books are in care of THE ORGANIZATION Telephone no (202) 639-9400
Located at 50 F STREET, N.E., WASHINGTON, DC ZIP + 4 20001
b 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)?
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Table with 2 columns: Yes, No. Row 91b: Yes, No. Row 91c: Yes, No.



**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SALE OF MATERIALS					67,901.
b SPECIAL EVENTS					190.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	19,077.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	9,287.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS EXPENSE					
b REIMBURSEMENTS					24,377.
c LIST RENTAL INCOME			15	13,429.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		41,793.	92,468.
105 Total (add line 104, columns (B), (D), and (E))					134,261.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: *David M. Beckmann* Date: 5/10/06 Type or print name and title: David M. Beckmann, President

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 5/6/06 Check if self-employed:  Preparer's SSN or PTIN: Preparer's name (or yours if self-employed), address, and ZIP + 4: FRIEDMAN & ASSOCIATES, P.C., 11 NORTH WASHINGTON STREET, SUITE 500, ROCKVILLE, MD 20850 EIN: Phone no: (301) 279-8900

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
VANGUARD INTERMEDIATE TERMT-FUND - INVESTOR SHARE	140,164.	143,013.	0.	<2,849.>	
VANGUARD INT'L GROWTH FUND - INVESTOR SHARES	133,362.	121,226.	0.	12,136.	
<b>TOTAL TO FORM 990, PART I, LINE 8</b>	<b>273,526.</b>	<b>264,239.</b>	<b>0.</b>	<b>9,287.</b>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVESTMENTS				21,417.
<b>TOTAL TO FORM 990, PART I, LINE 20</b>				<b>21,417.</b>

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PERSONNEL EXPENSES	69,760.	47,640.	18,729.	3,391.		
DUES & SUBSCRIPTIONS	8,496.	8,144.	309.	43.		
ADVERTISING & MARKETING	23,411.	23,299.	112.	0.		
INSURANCE	13,089.	9,874.	1,389.	1,826.		
STATE REGISTRATION FEES	7,597.	75.	6,565.	957.		
BOARD EXPENSES	12,496.	9,227.	1,412.	1,857.		
MATERIAL PURCHASES	21,431.	0.	0.	21,431.		
OUTSIDE SERVICES	126,127.	102,102.	8,560.	15,465.		
DIRECT MAIL COSTS	864,910.	545,833.	0.	319,077.		
TELEMARKETING COSTS	188,276.	109,515.	0.	78,761.		
SPECIAL EVENTS	29,824.	26,377.	0.	3,447.		
CONTRIBUTIONS	450.	450.	0.	0.		
<b>TOTAL TO FM 990, LN 43</b>	<b>1,365,867.</b>	<b>882,536.</b>	<b>37,076.</b>	<b>446,255.</b>		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

TO ORGANIZE CHRISTIAN & NON-CHRISTIANS IN THE UNITED STATES FROM VARIOUS CHURCHES TO ADVOCATE POLICIES TO HELP COMBAT WORLDWIDE HUNGER & POVERTY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GENERAL PROGRAM AND MEMBERSHIP DEVELOPMENT		1,276,032.
TOTAL TO FORM 990, PART III, LINE E		1,276,032.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID BECKMANN 313 PARK ROAD ALEXANDRIA, VA 22301	PRESIDENT 19.00	67,167.	10,801.	0.
JAMES MCDONALD 4513 WINDOM PLACE WASHINGTON, DC 20016	VICE PRESIDENT 23.00	58,388.	6,676.	0.
PATRICIA FROEHLE 1462 CHAPIN STREET, NW, #1 WASHINGTON, DC 20009	VICE PRESIDENT 21.00	53,469.	8,719.	0.
MATT MCHUGH 2420 LANCASTER COURT FALLS CHURCH, VA 22043	BOARD CHAIR 0.00	0.	0.	0.
PAT PELHAM 314 POINCIANA DRIVE HOMEWOOD, AL 35209	VICE CHAIR 0.00	0.	0.	0.

JUNE H. KIM 475 RIVERSIDE DRIVE, SUITE 330 NEW YORK, NY 10015	SECRETARY 0.00	0.	0.	0.
DAVID MINER 9080 DEWBERRY COURT INDIANAPOLIS, IN 46260	TREASURER 0.00	0.	0.	0.
JUDITH ANDREWS 3227 AVALON PLACE HOUSTON, TX 77019-5917	BOARD MEMBER 0.00	0.	0.	0.
CAROL BURMEISTER 1717 OLD WOOD ROAD ROCKFORD, IL 61107	BOARD MEMBER 0.00	0.	0.	0.
ROBERT CAHILL 812 PARK AVENUE NEW YORK, NY 10021	BOARD MEMBER 0.00	0.	0.	0.
JOHN L. CARR 3211 FOURTH STREET, NE WASHINGTON, DC 20017	BOARD MEMBER 0.00	0.	0.	0.
THOMAS A. CHABOLLA 3211 FOURTH STREET, NE WASHINGTON, DC 20017	BOARD MEMBER 0.00	0.	0.	0.
PIERRE DE VRIES 10024 SLATER AVE., NE KIRKLAND, WAS 98033	BOARD MEMBER 0.00	0.	0.	0.
ROBERT DOLE 601 PENNSYLVANIA AVE., NW, NORTH BLDG., 10TH FLOOR WASHINGTON, DC 20004	BOARD MEMBER 0.00	0.	0.	0.
REP. JO ANN EMERSON 2440 RHOB WASHINGTON, DC 20515	BOARD MEMBER 0.00	0.	0.	0.
PETER ENGLAND 336 NW 5TH STREET MIAMI, FL 33128	BOARD MEMBER 0.00	0.	0.	0.
REV. DR. WILLIAM EPPS 2417 GRIFFITH AVENUE LOS ANGELES, CA 90011-1630	BOARD MEMBER 0.00	0.	0.	0.
JAMESINA EVANS 1134 ELEVENTH STREET WASHINGTON, DC 20001	BOARD MEMBER 0.00	0.	0.	0.

DAN GEISLER 111 N. OAK GROVE DRIVE MADISON, WI 53717-2519	BOARD MEMBER 0.00	0.	0.	0.
SEN. CHUCK HAGEL 248 SR U.S. SENATE WASHINGTON, DC 20510	BOARD MEMBER 0.00	0.	0.	0.
JIM HANNA 31 GEORGE STREET PORTLAND. ME 04103	BOARD MEMBER 0.00	0.	0.	0.
TIM JOHNSON SENATE HART 502 WASHINGTON, DC 20510	BOARD MEMBER 0.00	0.	0.	0.
SANDRA JOIREMAN 501 COLLEGE AVENUE WHEATON, IL 60187	BOARD MEMBER 0.00	0.	0.	0.
REV. MARK LANCASTER 100 WITHERSPOON STREET LOUISVILLE, KY 40202-1396	BOARD MEMBER 0.00	0.	0.	0.
ALAN LARSON 1201 PENNSYLVANIA AVE., NW, P.O. BOX 7566 WASHINGTON, DC 20044	BOARD MEMBER 0.00	0.	0.	0.
JO ANNE LYON 625 SLATERS LANE, SUITE 100 ALEXANDRIA, VA 22314	BOARD MEMBER 0.00	0.	0.	0.
MIKE MCCURRY 633 PENNSYLVANIA AVE., N., 4TH FLOOR WASHINGTON, DC 20004	BOARD MEMBER 0.00	0.	0.	0.
TERRY MEEHAN 39 BROADWAY, 36TH FLOOR NEW YORK, NY 10006-3068	BOARD MEMBER 0.00	0.	0.	0.
NANCY MILLER 140 E. 29TH STREET HOLLAND, MI 49423-5126	BOARD MEMBER 0.00	0.	0.	0.
DAVID NEFF 465 GUNDERSON DRIVE CAROL STREAM, IL 60188	BOARD MEMBER 0.00	0.	0.	0.

LEON PANETTA BLDG. 86E CSUMB, 100 CAMPUS CENTER SEASIDE, CA 93955	BOARD MEMBER 0.00	0.	0.	0.
REP. DONALD PAYNE 2209 RHOB WASHINGTON, DC 20515	BOARD MEMBER 0.00	0.	0.	0.
ED PAYNE 7316 NIAGARA LANE NORTH MAPLE GROVE, MN 55311	BOARD MEMBER 0.00	0.	0.	0.
BISHOP LAWRENCE REDDICK 310 18TH STREET, SUITE 400D BIRMINGHAM, AL 35203-3134	BOARD MEMBER 0.00	0.	0.	0.
BISHOP JOHN RICARD 11 NORTH B STREET PENSACOLA, FL 32501	BOARD MEMBER 0.00	0.	0.	0.
NANCY RUPP 206 OLD DIKE ROAD TRUMBULL, CT 06611-3334	BOARD MEMBER 0.00	0.	0.	0.
ARTHUR SIMON 5403 38TH AVE. #4 HYATTSVILLE, MD 20781	BOARD MEMBER 0.00	0.	0.	0.
ANN SIMS 7604 COULSON, NE ALBUQUERQUE, NM 87109	BOARD MEMBER 0.00	0.	0.	0.
REV. ERVIN SIMS, JR. 11107 WINCHESTER DRIVE KANSAS CITY, KS 66109	BOARD MEMBER 0.00	0.	0.	0.
JIM SUNDHOLM 5101 FRANCISCO AVENUE CHICAGO, IL 60625	BOARD MEMBER 0.00	0.	0.	0.
JACK TAYLOR 519 HAWK PINE ROAD NORWICH, VT 05055	BOARD MEMBER 0.00	0.	0.	0.
BISHOP RICHARD KEITH THOMPSON 7529 TYNEWOOD DRIVE WAKE FOREST, NC 27587	BOARD MEMBER 0.00	0.	0.	0.
KAREN VAGLEY 122 C STREET, NW, SUITE 125 WASHINGTON, DC 20001	BOARD MEMBER 0.00	0.	0.	0.

PETER VANDER MEULEN  
2850 KALAMAZOO AVENUE, S.E.  
GRAND RAPIDS, MI 49560-0600

BOARD MEMBER  
0.00

0. 0. 0.

MARGARET WALLHAGEN  
2 KORET WAY, N631  
SAN FRANCISCO, CA 94143-0610

BOARD MEMBER  
0.00

0. 0. 0.

TAMERA ZIVIC  
4000 N. 7TH ST., SUITE 118  
PHOENIX, AZ 85014

BOARD MEMBER  
0.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

179,024.	26,196.	0.
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FORM 990

PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 7

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DAVID BECKMANN	65,809.	10,583.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
BREAD FOR THE WORLD INSTITUTE, INC		51-0175510	
RELATIONSHIP BETWEEN ORGANIZATIONS			
COMMON BOARD			
COMPENSATION DESCRIPTION			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
PATRICIA FROEHLE	45,723.	7,456.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
BREAD FOR THE WORLD INSTITUTE, INC		51-0175510	
RELATIONSHIP BETWEEN ORGANIZATIONS			
COMMON BOARD			
COMPENSATION DESCRIPTION			



<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JAMES MCDONALD	43,410.	4,964.	

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
BREAD FOR THE WORLD INSTITUTE, INC	51-0175510

RELATIONSHIP BETWEEN ORGANIZATIONS

COMMON BOARD

COMPENSATION DESCRIPTION

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT	8
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STATES

AK, AL, AR, AZ, CO, CT, FL, GA, IL, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NH, NJ, NV, NY, OH  
OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI, WV

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A	SALE OF MATERIALS ABOUT HUNGER LEGISLATION TO INFORM MEMBERS ON ADVOCACY EFFORTS.
93B	FEES RECEIVED FROM SPECIAL EVENTS HELD RELATING TO HUNGER ISSUES.
103B	EXEMPT PURPOSE EXPENSE REIMBURSEMENTS
103C	MAILING LIST INCOME

