

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT BREAD-THE WALK FOR HUNGER, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 145 BORDER STREET City or town, state or province, country, and ZIP or foreign postal code EAST BOSTON, MA 02128 F Name and address of principal officer: ERIN MCALEER CROWLEY SAME AS C ABOVE	D Employer identification number 04-2931195 E Telephone number 617-723-5000 G Gross receipts \$ 17,302,578. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: PROJECTBREAD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1986 M State of legal domicile: MA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROJECT BREAD FIGHTS HUNGER IN MA THROUGH PREVENTION, PARTNERSHIP, DIRECT SERVICE & POLICY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	103
	6	Total number of volunteers (estimate if necessary)	6	126
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 17,304,003.
9		Program service revenue (Part VIII, line 2g)	0.	3,862,910.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	315,674.	233,573.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,571.	58,143.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,644,248.	17,302,578.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,445,142.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,347,316.	8,954,429.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,855,370.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,971,992.	3,081,808.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,764,450.	17,245,619.
	19	Revenue less expenses. Subtract line 18 from line 12	-120,202.	56,959.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 13,357,678.	End of Year 13,128,439.
	21	Total liabilities (Part X, line 26)	2,524,416.	2,067,496.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,833,262.	11,060,943.

Part II Signature Block

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

Sign Here	Signature of officer ERIN MCALEER CROWLEY, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Preparer's name THOMAS F. MULDOON, CPA	Preparer's signature THOMAS F. MULDOON, C
	Firm's name AAFCPAS, INC.	Date 02/13/26
	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581	Check if self-employed <input type="checkbox"/> PTIN P01561688
		Firm's EIN 04-2571780 Phone no. 508-366-9100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROJECT BREAD INTEGRATES EXPERTISE EARNED THROUGH DIRECTLY SERVING INDIVIDUALS, RESEARCH, ADVOCACY, AND COMMUNITY ENGAGEMENT FOR A COMPREHENSIVE APPROACH THAT ACHIEVES LARGE SCALE, SUSTAINABLE IMPACT TO PREVENT HUNGER.

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

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

4a (Code:) (Expenses \$ 8,982,658. including grants of \$ 4,599,461.) (Revenue \$ 3,866,410.) DIRECT SERVICE PROJECT BREAD PROVIDES DIRECT SERVICE TO >30,000 HOUSEHOLDS A YEAR: TRAINED COUNSELORS PROVIDE FREE, CONFIDENTIAL, COMPASSIONATE SUPPORT IN 180 LANGUAGES BY PHONE & LIVE CHAT. >5,000 PEOPLE EXPERIENCING FOOD INSECURITY IMPROVE THEIR HEALTH BECAUSE OF ONE-ON-ONE CASE MANAGEMENT SERVICES INCLUDING FUNDS FOR FOOD, BASIC KITCHEN EQUIPMENT, NUTRITION EDUCATION & COOKING CLASSES. THE BULK OF PROJECT BREAD'S HEALTHCARE SYSTEM WORK IS IN PARTNERSHIP WITH SELECT ACCOUNTABLE CARE ORGANIZATIONS AND MASSHEALTH. THESE PROGRAMS, THE EXPERTISE OF PEOPLE WITH LIVED EXPERIENCE OF FOOD INSECURITY AND PROJECT BREAD'S RESEARCH DEPT INFORM POLICY & ADVOCACY INITIATIVES TO ADVANCE PERMANENT SYSTEMIC CHANGE.

4b (Code:) (Expenses \$ 1,580,564. including grants of \$ 322,952.) (Revenue \$ 6,500.) FEEDING KIDS PROJECT BREAD ENSURES MA KIDS LEARN & GROW UNENCUMBERED BY HUNGER; INCREASING PARTICIPATION IN FREE SCHOOL AND SUMMER MEAL PROGRAMS SO ALL KIDS CAN EAT WITHOUT STIGMA. IN PARTNERSHIP WITH THE MA DEPT OF ELEMENTARY & SECONDARY EDUCATION, PROJECT BREAD COLLABORATES WITH SCHOOLS/ COMMUNITIES TO ELIMINATE BARRIERS TO MEALS, PROVIDING SCHOOL/DISTRICT SPECIFIC SUPPORT THROUGH TECHNICAL ASSISTANCE, GUIDANCE ON MEAL PROGRAM DESIGN, PROCUREMENT, & GRANTS FOR NEEDS SUCH AS EQUIPMENT, PACKAGING, AND STAFFING. NUTRITION STAFF EARN PROFESSIONAL DEVELOPMENT HOURS FROM PROJECT BREAD'S SCHOOL FOOD FELLOWSHIP EDUCATION PROGRAM (>1,000 HOURS/CREDITS AWARDED IN FY25).

4c (Code:) (Expenses \$ 1,559,140. including grants of \$) (Revenue \$) FOOD RESOURCE OUTREACH AND AWARENESS PROJECT BREAD LEADS STATEWIDE, MULTI-CHANNEL PUBLIC SERVICE CAMPAIGNS IN SEVERAL LANGUAGES TO DESTIGMATIZE ASSISTANCE AND TO RAISE AWARENESS ABOUT FOOD INSECURITY PROGRAMS. THROUGH GRASSROOTS OUTREACH, ACTIVATION OF COMMUNITY PARTNERS, PAID MEDIA AND PR, ENGAGEMENT WITH ELECTED OFFICIALS AND THOUSANDS OF PROJECT BREAD SUPPORTERS AND PARTICIPANTS IN THE WALK FOR HUNGER, PROJECT BREAD PROMOTES RESOURCES SUCH AS OUR FOODSOURCE HOTLINE TO ADDRESS THE FOOD INSECURITY OF INDIVIDUALS AND FAMILIES. PROJECT BREAD PROVIDES HEALTH CENTERS WITH GRANTS TO SUPPORT SNAP TRAINING AND PROVIDE PROMOTIONAL MATERIALS TO SUPPLEMENT OTHER AWARENESS ACTIVITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,396,368. including grants of \$ 286,969.) (Revenue \$ 48,143.)

4e Total program service expenses 14,518,730.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NH, FL, GA, ME, MN, NV, NC, IL, MD, NJ, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 617-723-5000
145 BORDER STREET, EAST BOSTON, MA 02128

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN MCALEER CROWLEY PRESIDENT AND CEO	40.00			X				334,413.	0.	37,829.
(2) ELIZABETH GREENHALGH CHIEF ADVANCEMENT OFFICER	40.00			X				218,499.	0.	27,510.
(3) SARAH CLUGGISH CHIEF PROGRAM OFFICER/ASST CLERK	40.00			X				202,767.	0.	11,482.
(4) DOUGLAS FLORES COO/ASST. TREAS. (UNTIL 3/25)	40.00			X				190,387.	0.	18,477.
(5) JENNIFER LEMMERMAN CHIEF POLICY OFFICER	40.00			X				159,822.	0.	17,937.
(6) CATALINA LOPEZ-OSPINA VP OF ENGAGEMENT	40.00					X		133,365.	0.	20,794.
(7) JENNIFER OBADIA SENIOR DIRECTOR OF HEALTH CARE PARTN	40.00					X		110,023.	0.	25,515.
(8) KHARA SHEARRION SENIOR DIRECTOR OF SNAP PROGRAMS	40.00					X		113,150.	0.	19,391.
(9) KRISTINA NICKERSON SENIOR DIRECTOR OF OPERATIONS	40.00					X		113,630.	0.	14,451.
(10) LAURA SILLER SENIOR DIRECTOR OF RESEARCH AND EVAL	40.00					X		116,110.	0.	7,216.
(11) MICHELE CARROLL COO/ASST. TREAS. (AS OF 4/25)	40.00			X				0.	0.	0.
(12) PETER LEVANGIE CHAIR	4.00	X		X				0.	0.	0.
(13) IRENE LI VICE CHAIR	4.00	X		X				0.	0.	0.
(14) MICHAEL RICHARDS TREASURER	4.00	X		X				0.	0.	0.
(15) CAROLYN VOLPE CUNNINGHAM SECRETARY	4.00	X		X				0.	0.	0.
(16) RAY XI BOARD MEMBER	4.00	X						0.	0.	0.
(17) NIKKO MENDOZA BOARD MEMBER (UNTIL 09/25)	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARI BARRERA BOARD MEMBER	4.00	X					0.	0.	0.	
(19) STACIE O'BRIEN BOARD MEMBER (UNTIL 09/25)	4.00	X					0.	0.	0.	
(20) LAURA SCHNEIDER BOARD MEMBER	4.00	X					0.	0.	0.	
(21) AWAB ALI IBRAHIM BOARD MEMBER (UNTIL 09/25)	4.00	X					0.	0.	0.	
(22) CHRISTOPHER DUGGAN BOARD MEMBER	4.00	X					0.	0.	0.	
1b Subtotal							1,692,166.	0.	200,602.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,692,166.	0.	200,602.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FINN PARTNERS, INC, 1675 BROADWAY, 10TH FLOOR, NEW YORK, NY 10019	PROGRAMMATIC ADVERTISING	430,361.
BCG CONNECT 1 JEWEL DR, SUITE 105, WILMINGTON, MA 01887	PRODUCTION	380,252.
WELLSPRING CONSULTING 198 AMITY ROAD, WOODBRIDGE, CT 06525	CONSULTANT	140,875.
ECRATCHIT 2 SHARP STREET, HINGHAM, MA 02043	ACCOUNTING	136,625.
BLACKBAUD 65 FAIRCHILD STREET, CHARLESTON, SC 29492	TECHNOLOGY	131,204.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,730,985.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,416,967.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 330,739.			
	h	Total. Add lines 1a-1f		13,147,952.			
Program Service Revenue	2 a	CONTRACT REVENUE	Business Code				
			541900	3,862,910.	3,862,910.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		3,862,910.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		233,573.		233,573.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code				
			624200	58,143.	58,143.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		58,143.				
12	Total revenue. See instructions		17,302,578.	3,921,053.	0.	233,573.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	609,920.	609,920.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,599,462.	4,599,462.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,278,263.	980,912.	84,369.	212,982.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,941,978.	4,681,739.	374,694.	885,545.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,688.	133,664.	12,009.	26,015.
9 Other employee benefits	1,016,574.	802,091.	69,909.	144,574.
10 Payroll taxes	545,926.	427,690.	37,562.	80,674.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,500.		2,500.	
c Accounting	186,643.		186,643.	
d Lobbying	49,305.	49,305.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	526,675.	520,467.	3,147.	3,061.
12 Advertising and promotion	117,484.	108,161.	4,725.	4,598.
13 Office expenses	1,433,557.	1,011,150.	48,000.	374,407.
14 Information technology				
15 Royalties				
16 Occupancy	131,877.	107,030.	4,189.	20,658.
17 Travel	42,884.	41,199.	703.	982.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	69,420.	49,086.	10,091.	10,243.
20 Interest	41,309.	28,111.	7,772.	5,426.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,482.	90,145.	20,514.	17,823.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	299,893.	226,819.	4,692.	68,382.
b BAD DEBTS	51,779.	51,779.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	17,245,619.	14,518,730.	871,519.	1,855,370.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	937,968.	1	1,035,591.
	2 Savings and temporary cash investments	977,374.	2	918,963.
	3 Pledges and grants receivable, net	3,460,845.	3	1,361,222.
	4 Accounts receivable, net		4	1,546,286.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	573,529.	9	530,471.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,094,864.		
	b Less: accumulated depreciation	10b 2,374,649.	1,828,924.	10c 1,720,215.
	11 Investments - publicly traded securities	5,579,038.	11	6,015,691.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,357,678.	16	13,128,439.	
Liabilities	17 Accounts payable and accrued expenses	1,424,434.	17	991,268.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,099,982.	23	1,076,228.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,524,416.	26	2,067,496.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,974,031.	27	9,944,009.
	28 Net assets with donor restrictions	859,231.	28	1,116,934.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,833,262.	32	11,060,943.
	33 Total liabilities and net assets/fund balances	13,357,678.	33	13,128,439.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,302,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,245,619.
3	Revenue less expenses. Subtract line 2 from line 1	3	56,959.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,833,262.
5	Net unrealized gains (losses) on investments	5	170,722.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,060,943.

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 Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13188351.	15001647.	17995451.	17304003.	13147952.	76637404.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13188351.	15001647.	17995451.	17304003.	13147952.	76637404.
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)						
6 Public support. Subtract line 5 from line 4.						76637404.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13188351.	15001647.	17995451.	17304003.	13147952.	76637404.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,026.	11,477.	177,641.	315,674.	233,573.	739,391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						77376795.
12 Gross receipts from related activities, etc. (see instructions)					12	4,142,807.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.04 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.32 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: PROJECT BREAD-THE WALK FOR HUNGER, INC
Employer identification number (EIN): 04-2931195

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,321.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	108,383.													
c	Total lobbying expenditures (add lines 1a and 1b)	113,704.													
d	Other exempt purpose expenditures	17,131,915.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	17,245,619.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	872,713.	1,000,000.	1,000,000.	1,000,000.	3,872,713.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,809,070.
c Total lobbying expenditures	30,000.	124,412.	124,086.	113,704.	392,202.
d Grassroots nontaxable amount	218,178.	250,000.	250,000.	250,000.	968,178.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,452,267.
f Grassroots lobbying expenditures		4,665.	3,723.	5,321.	13,709.

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A LINE 2

AT THE STATE LEVEL, PROJECT BREAD LOBBIED THE GOVERNOR'S OFFICE AND THE STATE LEGISLATURE FOR FUNDING TO AND LEGISLATION TO INCREASE ACCESS TO FEDERAL NUTRITION PROGRAMS, AS WELL AS FOR LEGISLATIVE EFFORTS TO ADDRESS THE ROOT CAUSES OF HUNGER. AT THE FEDERAL LEVEL, PROJECT BREAD LOBBIED MEMBERS OF THE MASSACHUSETTS CONGRESSIONAL DELEGATION AND USDA ON LEGISLATION AND ADMINSTRATIVE RULEMAKING RELATED TO FEDERAL NUTRITION PROGRAMS AND ROOT CAUSES OF HUNGER.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PROJECT BREAD-THE WALK FOR HUNGER, INC

Employer identification number

04-2931195

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		3,567,229.	2,116,976.	1,450,253.
c Leasehold improvements				
d Equipment		39,288.	27,997.	11,291.
e Other		388,347.	229,676.	158,671.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,720,215.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	18,045,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	170,722.
b	Donated services and use of facilities	2b	572,011.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	742,733.
3	Subtract line 2e from line 1	3	17,302,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,302,578.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,817,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	572,011.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	572,011.
3	Subtract line 2e from line 1	3	17,245,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,245,619.

Part XIII Supplemental Information

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

PART X, LINE 2:

PROJECT BREAD ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. PROJECT BREAD HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT SEPTEMBER 30, 2025. PROJECT BREAD'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE STATE AND FEDERAL JURISDICTION.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **PROJECT BREAD-THE WALK FOR HUNGER, INC** Employer identification number **04-2931195**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE UNITED CHURCH OF CHRIST 77 STRATFORD STREET BOSTON, MA 02132	13-1957221	501 (C)(3)	23,448.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
JEWISH FAMILY & CHILDREN'S SERVICE, INC. - 1430 MAIN STREET - WALTHAM, MA 02451	04-2104356	501 (C)(3)	20,590.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
CITY OF WORCESTER 20 IRVING STREET WORCESTER, MA 01609	04-6001418	MUNICIPALITY	15,500.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103551	501 (C)(3)	14,000.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
TRITON REGIONAL SCHOOL DISTRICT 112 ELM STREET BYFIELD, MA 01922	04-2443107	PUBLIC SCHOOL	12,000.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS
HOLYOKE PUBLIC SCHOOLS 57 SUFFOLK STREET HOLYOKE, MA 01040	04-6001393	PUBLIC SCHOOL	11,657.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 41.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHURCH OF THE HOLY SPIRIT DBA FOOD FO - 204 MONUMENT ROAD - ORLEANS, MA 02653	04-2223509	501 (C)(3)	11,486.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH; 2025 PROJECT BREAD SUMMER EATS
BROCKTON PUBLIC SCHOOLS FOOD SERVICES - 43 CRESCENT ST - BROCKTON, MA 02301	04-6001382	PUBLIC SCHOOL	11,000.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS
SAUGUS PUBLIC SCHOOLS 25 DOW STREET SAUGUS, MA 01906	04-6001291	PUBLIC SCHOOL	10,000.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS
EVERETT PUBLIC SCHOOLS 121 VINE STREET EVERETT, MA 02149	04-6001386	PUBLIC SCHOOL	10,000.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS
ROCKLAND PUBLIC SCHOOLS 34 MACKINLAY WAY ROCKLAND, MA 02370	04-6001281	PUBLIC SCHOOL	9,897.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS
NEWTON FOOD PANTRY 1000 COMMONWEALTH AVENUE NEWTON CENTER, MA 02459	04-3218895	501 (C)(3)	9,262.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS
MT. GREYLOCK REGIONAL SCHOOL DISTRICT - 1781 COLD SPRING ROAD - WILLIAMSTOWN, MA 01267	04-6006483	PUBLIC SCHOOL	9,000.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
CITY OF GREENFIELD - GREENFIELD PUBLIC SC - 195 FEDERAL STREET, SUITE 100 - GREENFIELD, MA 01301	04-6001163	PUBLIC SCHOOL	8,700.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS
SPENCER-EAST BROOKFIELD RSD 306 MAIN STREET SPENCER, MA 01562	04-2349007	PUBLIC SCHOOL	7,500.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALEM PUBLIC SCHOOLS 29 HIGHLAND AVENUE SALEM, MA 01970	04-6001413	PUBLIC SCHOOL	7,500.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS
CITY OF NEW BEDFORD- PARKS RECREATION - 181 HILLMAN STREET, BUILDING 3 - NEW BEDFORD, MA 02740	04-6001402	501 (C)(3)	7,500.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
YMCA CAPE COD 100 INDEPENDENCE DRIVE STE 2 HYANNIS, MA 02632	04-2394925	501 (C)(3)	7,498.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
BROOKLINE FOOD PANTRY 150 MARION STREET BROOKLINE, MA 02446	47-2541926	501 (C)(3)	7,208.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
SPRINGFIELD PUBLIC SCHOOLS 1550 MAIN STREET SPRINGFIELD, MA 01103	04-6001415	PUBLIC SCHOOL	7,000.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
MYSTIC VALLEY YMCA 99 DARTMOUTH STREET MALDEN, MA 02148	04-2105874	501 (C)(3)	7,000.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
NEW BEDFORD PUBLIC SCHOOLS 455 COUNTY STREET NEW BEDFORD, MA 02740	04-6001402	PUBLIC SCHOOL	7,000.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
CHICOPEE PUBLIC SCHOOLS 134 DULONG CIRCLE CHICOPEE, MA 01022	04-6001385	PUBLIC SCHOOL	6,900.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	04-2281530	501 (C)(3)	6,700.	0.			2025 PROJECT BREAD SUMMER EATS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD SQUARE CHURCHES MEAL PROGRAM - 0 GARDEN STREET - CAMBRIDGE, MA 02138	04-3193928	501 (C)(3)	6,662.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
NORTH BROOKFIELD PUBLIC SCHOOLS 10 NEW SCHOOL DRIVE NORTH BROOKFIELD, MA 01535	04-6001247	PUBLIC SCHOOL	6,000.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS
THE COOPERATING MINISTRY OF LOGAN COUNTY - 230 NORTH 10TH AVENUE - STERLING, CO 80751	84-0861984	501 (C)(3)	5,685.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	04-2104239	501 (C)(3)	5,656.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
FOOD FOR FREE COMMITTEE, INC. 59 INNER BELT ROAD SOMERVILLE, MA 02143	22-2561771	501 (C)(3)	5,525.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 W SILVER STREET - WESTFIELD, MA 01085	04-2464259	501 (C)(3)	5,500.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
SPANISH AMERICAN CENTER, INC. 112 SPRUCE STREET LEOMINSTER, MA 01453	04-2761759	501 (C)(3)	5,500.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
GREATER FALL RIVER RE-CREATION 45 ROCK STREET FALL RIVER, MA 02720	04-2491918	501 (C)(3)	5,458.	0.			2025 PROJECT BREAD SUMMER EATS GRANT
CITY OF FITCHBURG 376 SOUTH STREET FITCHBURG, MA 01420	04-6001388	MUNICIPALITY	5,300.	0.			2025 PROJECT BREAD SUMMER EATS GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSLINDALE FOOD COLLECTIVE 319 KITTREDGE STREET ROSLINDALE, MA 02131	93-4951322	501 (C)(3)	20,000.	0.			COMMUNITY POWER PARTNERSHIP GRANT
TOWN OF HUDSON 78 MAIN STREET HUDSON, MA 01749	04-6001188	501 (C)(3)	20,000.	0.			COMMUNITY POWER PARTNERSHIP GRANT
COLLABORATIVE FOR EDUCATIONAL SERVICES - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893	501 (C)(3)	20,000.	0.			COMMUNITY POWER PARTNERSHIP GRANT
NONPROFIT ORGANIZATION FOR PHILANTHROPIC - PO BOX 109 - WALPOLE, MA 02081	81-5089505	501 (C)(3)	20,000.	0.			COMMUNITY POWER PARTNERSHIP GRANT
REVERE ARABIC COMMUNITY 276 FENNO STREET REVERE, MA 02151	92-1895511	501 (C)(3)	17,000.	0.			COMMUNITY POWER PARTNERSHIP GRANT
YMCA SOUTHCOAST 128 UNION STREET NEW BEDFORD, MA 02740	04-2104749	501 (C)(3)	15,035.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
THE PAULIST CENTER/MISSIONARY SOCIETY - 5 PARK STREET - BOSTON, MA 02108	04-2012978	501 (C)(3)	33,373.	0.			FY25 ANNUAL WALK FOR HUNGER GRANT - THE COMMONWEALTH
WINCHENDON PUBLIC SCHOOLS 175 GROVE STREET WINCHENDON, MA 01475	46-0013700	PUBLIC SCHOOL	5,646.	0.			2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FLEXIBLE SERVICES PROGRAM	8429	4,599,462.	0.	FMV	(1) DISTRIBUTION OF MONTHLY GIFT CARDS TO PARTICIPANTS. (2) CLIENTS WERE PROVIDED WITH KITCHEN SUPPLIES.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

APPROVAL PROCESS -

PROJECT BREAD PROVIDES A NUMBER OF DIFFERENT TYPES OF GRANTS, ON VARYING TIMELINES THROUGHOUT THE YEAR, INCLUDING COMMUNITY PARTNERSHIPS GRANTS, SCHOOL MEALS GRANTS, AND SUMMER EATS GRANTS. THE PROGRAM AND COMMUNITY ENGAGEMENT TEAMS REVIEW ALL RESPONSES RECEIVED FOR EACH GRANT AND PUTS FORWARD RECOMMENDATIONS.

MONITORING PROCESS -

THE PROJECT BREAD TEAM IS ENGAGED THROUGHOUT THE YEAR WITH ORGANIZATIONS THAT RECEIVE GRANTS, WHICH OFTEN INCLUDES SITE VISITS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF WORCESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: TRITON REGIONAL SCHOOL DISTRICT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HOLYOKE PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

THE CHURCH OF THE HOLY SPIRIT DBA FOOD FO

(H) PURPOSE OF GRANT OR ASSISTANCE: FY25 ANNUAL WALK FOR HUNGER GRANT -
THE COMMONWEALTH; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: ROCKLAND PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: NEWTON FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SALEM PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

NAME OF ORGANIZATION OR GOVERNMENT: WINCHENDON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2024-25 BREAKFAST AFTER THE BELL
GRANT FOR MANDATED SCHOOLS; 2025 PROJECT BREAD SUMMER EATS GRANT

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **PROJECT BREAD-THE WALK FOR HUNGER, INC** Employer identification number **04-2931195**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIN MCALEER CROWLEY PRESIDENT AND CEO	(i)	334,413.	0.	0.	16,905.	20,924.	372,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH GREENHALGH CHIEF ADVANCEMENT OFFICER	(i)	218,499.	0.	0.	6,284.	21,226.	246,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH CLUGGISH CHIEF PROGRAM OFFICER/ASST CLERK	(i)	202,767.	0.	0.	10,052.	1,430.	214,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOUGLAS FLORES COO/ASST. TREAS. (UNTIL 3/25)	(i)	190,387.	0.	0.	9,710.	8,767.	208,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER LEMMERMAN CHIEF POLICY OFFICER	(i)	159,822.	0.	0.	8,354.	9,583.	177,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CATALINA LOPEZ-OSPINA VP OF ENGAGEMENT	(i)	133,365.	0.	0.	6,535.	14,259.	154,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

PROJECT BREAD-THE WALK FOR HUNGER, INC

Employer identification number

04-2931195

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	141,617.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	300	1,350.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>MEDIA</u>)	X	1	161,889.	FAIR MARKET VALUE
26 Other (<u>MISCELLANEOUS I</u>)	X	10	20,233.	FAIR MARKET VALUE
27 Other (<u>MOBILE VAN</u>)	X	1	5,250.	FAIR MARKET VALUE
28 Other (<u>GIFT CARDS</u>)	X	4	400.	FAIR MARKET VALUE

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PROJECT BREAD-THE WALK FOR HUNGER, INC

Employer identification number

04-2931195

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROJECT BREAD CATALYZES SYSTEMIC CHANGE THROUGH ADVOCACY, COMMUNITY
ENGAGEMENT, AND RESEARCH & EVALUATION. FUNDS ARE GRANTED TO COMMUNITY
ORGANIZATIONS IN SUPPORT OF LOCAL SOLUTIONS. LEARNINGS FROM PARTNERS,
INDIVIDUALS, AND INTERNAL RESEARCH & EVALUATION SUPPORT COMMUNITY &
LEGISLATOR ENGAGEMENT. PROJECT BREAD EFFECTIVELY ADVOCATES FOR POLICY
SOLUTIONS, INCLUDING FILING LEGISLATION, LEADING THE MAKE HUNGER
HISTORY COALITION, AND MOBILIZING GRASSROOTS ADVOCATES. ALL MA
RESIDENTS CAN JOIN THE MOVEMENT TO FIGHT HUNGER THROUGH THE ANNUAL WALK
FOR HUNGER, A COMMUNITY EVENT THAT INCREASES AWARENESS AND RAISES MONEY
TO FIGHT HUNGER.

EXPENSES \$ 2,396,368. INCLUDING GRANTS OF \$ 286,969. REVENUE \$ 48,143.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROJECT BREAD FINANCE COMMITTEE REVIEWS THE FORM 990 AND ONCE APPROVED,
THE COMPLETED FORM IS SENT TO THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

PROJECT BREAD MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY BY HAVING ANNUAL CERTIFICATIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT AND CEO'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. IF
THERE IS NO ACTION ON THE PART OF THE BOARD, THEN THE PRESIDENT AND CEO
RECEIVE THE SAME SALARY INCREASE (IF ANY) ON A PERCENTAGE BASIS AS THE REST
OF THE STAFF. THE PRESIDENT AND CEO MAKE RECOMMENDATIONS FOR THE SALARIES
OF THE KEY EMPLOYEES TO THE BOARD OF DIRECTORS. PERIODICALLY, THE BOARD MAY
REQUEST A SALARY SURVEY OF SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA, NH, FL, GA, ME, MN, NV, NC, IL, MD, NJ, NY, PA, RI, SC, VA

FORM 990, PART VI, SECTION C, LINE 19:

PROJECT BREAD MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC THROUGH GUIDESTAR AND ITS OWN WEBSITE. THE CONFLICT
OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROJECT BREAD MADE NO CHANGES TO ITS AUDIT OVERSIGHT OR INDEPENDENT
ACCOUNTANT SELECTION PROCESS DURING FISCAL YEAR 2025.