Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SUNDAY BREAKFAST MISSION

51-0073080

EIN or SSN

Rev Thomas J Laymon Name and title of officer or person subject to tax Sr Pastor/President/CEO

Part I	Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

			0 441 510
1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{. 1b} 9,441,519
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here >	b Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder _I	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
f entit	y)	, (EIN) and that I have	e examined a copy of the
021 e	ectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

Pl	IN	ŀ	ch	ıeck	one	box	only
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X authorize Cover & Rossiter	P.A.	to enter my PIN	11893
	ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is program on sent sorein

Signature of officer or person subject to tax

03/29/2023

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

51001819806 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Cover & Rossiter, P.A.

Date \triangleright 03/29/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Extended to August 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

▶ 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.

Open to Public

OCT 1, 2021 and ending SEP 30, A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SUNDAY BREAKFAST MISSION Name change 51-0073080 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 877-306-4663 110 North Poplar Street termin-ated 9,602,316. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return Wilmington, DE 19801 H(a) Is this a group return Applica-F Name and address of principal officer: Rev. Thomas J. Laymon Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L _ 4947(a)(1) or [If "No," attach a list. See instructions J Website: ▶ www.sundaybreakfastmission.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 1893 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: Sunday Breakfast Mission, Activities & Governance (the Mission), located in Wilmington, Delaware, is a Christian Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 34 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) <u> 2590</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 8,721,7999,262,<u>024.</u> Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 165,154. 37,651. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 168,184. 141,844. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,055,137. 9,441,519. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,902,199. 2,026,885. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 359,776. 570,826. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) **\rightarrow** 1, 183, 586. 4,679,305. 4,793,491. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,152,330. 7,180,152. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,902,807. 2,261,367. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,993,821. 2,820,762. 20 Total assets (Part X, line 16) 1,732,724. 1,608,879. 21 Total liabilities (Part X, line 26) 3,261,097. 1,211,883. Net assets or fund balances. Subtract line 21 from line 20 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. Laymon Thomas & 03/29/2023 Signature of officer Date Sign Rev. Thomas J. Laymon, Sr Pastor/President/CEO Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name if self-employed Peter Kennedy Peter Kennedy 03/29/23 P00571422 Paid Firm's EIN 51-0232475 Firm's name Cover & Rossiter, P.A. Preparer Firm's address > 2711 Centerville Road, Suite 100 Use Only Wilmington, DE 19808 Phone no. (302) 656-6632 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

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

Total program service expenses ► 5,623,095.

including grants of \$

Form **990** (2021)

Form 990 (2021) SUNDAY BREAKFAST MISSION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	46		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on traiting column (ry, into 1: " 100, complete conteduct, traite traite "			

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			125
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			177
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		122
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ta Of Forms W 2G included on line 1a. Enter 0 if not applicable.			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.											
За												
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,,								
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).			37								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_										
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g										
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?											
9	Sponsoring organizations maintaining donor advised funds.	8										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
	Enter the amount of reserves on hand			7,								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v								
	excess parachute payment(s) during the year?	15		X								
46	If "Yes," see the instructions and file Form 4720, Schedule N.	46		v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
47	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											

6

Form **990** (2021)

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.

						Λ				
Sec	tion A. Governing Body and Management									
		1 1	1 0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	[5		X				
6	Did the organization have members or stockholders?		[6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or								
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?			7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		····							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi									
	tion and the section and the s	0.0			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such or									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		г	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ly before ming the form	"	ı ıu						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		····	120						
·				12c	х					
13	5			13	X					
	• • • • • • • • • • • • • • • • • • • •			14	X					
14 15	Did the organization have a written document retention and destruction policy?			14	21					
15		* .								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	Х					
	The organization's CEO, Executive Director, or top management official			15a	X					
D	Other officers or key employees of the organization			15b	41					
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont with a								
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16-		Х				
1.	taxable entity during the year?			16a		Λ				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in initial venture agreements under applicable federal toy law, and take stone to enforce the agree of the control of the									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's		401						
800	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed MD, PA, NJ		(=) (C)			- -				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ina 990-1 (section 501	(C)(3)9	s only	availa	aDIE				
	for public inspection. Indicate how you made these available. Check all that apply.	Oakadi (- O)								
		on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest polic	y, and	tinar	icial					
	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 be	ooks and records $lacksquare$ _								
	Roger S. Todd, Director of Finance - 302-656-8542									
	110 N Poplar Street, Wilmington, DE 19801									

132006 12-09-21 Form **990** (2021)

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, 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	l	111120		C)	прсі	isai	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition more than one			Reportable	Reportable	Estimated
	hours per	box	ox, unless perso			is bot	h an	compensation	compensation	amount of
	week	_	Jei aii	luau	II ECIO	1711 US	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	эшре		1099-NEC)	,	and related
	below	vidua	Institutional trustee	Je.	Key employee	est c	ner			organizations
	line)	ig	Insti	Officer	Key	Highest compensated employee	Forr			_
(1) Rev. Thomas J. Laymon	40.00							60.405		
President/CEO		Х		Х	_			60,195.	0.	85,525.
(2) Roger Todd	40.00							55.440		0.5.004
Director of Finance	1.00			Х	_			75,142.	0.	36,934.
(3) Thomas E. Hall	1.00									
Chairman		Х		Х		Ш		0.	0.	0.
(4) Beryl Barmore	1.00	l							•	•
Vice-Chair		Х		Х	_	igspace		0.	0.	0.
(5) Brian D. Tome, Esq.	1.00									•
Treasurer		Х		Х	_	igspace		0.	0.	0.
(6) Timothy J. Houseal, Esq.	1.00	,,		,,					0	•
Secretary		Х		Х				0.	0.	0.
(7) Dalen Keys	1.00	,,							0	•
Board Member	1.00	Х			\vdash	\vdash		0.	0.	0.
(8) Ron Holliday		Ι,,						0.	0.	0
Board Member (9) Sandra Waltz	1.00	Х				\vdash		0.	0.	0.
		Х						0.	0.	0.
Board Member (10) Danielle Sipala	1.00	^			<u> </u>	Н		0.	0.	<u> </u>
Board Member		Х						0.	0.	0.
(11) Mark Stellini	1.00	^			\vdash	\vdash		0.	· ·	<u></u>
Board Member	1.00	Х						0.	0.	0.
Board Member	1.00					\vdash		0.	•	
						\vdash				
						\vdash				
	1				\vdash	\vdash				
		1								
						П				
		1								
						П				
		1								
				_						

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C)								(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estima	ted
	hours per	box, unless person is both a				is bot	h an	compensation	compensatio		amoun	
	week		Jer an	uau	recid)/ ii us	iee)	from	from related		othe	
	(list any hours for	irecto						the	organization: (W-2/1099-MIS		ompens from t	
	related	e or d	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	ı	organiza	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	ı	and rela	
	below	idual	ution	J.	mplo	est co oyee	er	,			rganiza	
	line)											
								125 225		_	22	<u> </u>
1b Subtotal								135,337.		0. 1	.22,	
c Total from continuation sheets to Part VI								0.		0. 1	22	0.
d Total (add lines 1b and 1c)							<u> </u>	135,337.			.22,	139.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	DOV	e) wr	no r	eceived more than \$100	0,000 of reportable	е		2
compensation from the organization											l V	2
											Yes	No
3 Did the organization list any former officer,		ee, k										v
line 1a? If "Yes," complete Schedule J for s										3	B	X
4 For any individual listed on line 1a, is the su	•								-			х
and related organizations greater than \$150										🚅	<u> </u>	$+^{\Delta}$
5 Did any person listed on line 1a receive or a	•				•			•				Х
rendered to the organization? If "Yes," com	piete Scrieduie	9 J T	or st	icn _i	pers	son .				5	<u> </u>	<u> </u>
<u> </u>		d =					4		\$100,000 of anim			
	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.											
	irie caleridar y	eare	enun	ng v	VILII	OI W	101111		year.		(C)	
(A) Name and business	address							(B) Description of s	services	Com	(C) pensati	on
Legacy Mail Management							\dashv	2000p.110101.			p 0110011	
1615 E Washington St, Mt	Pleasar	h +	1	Γ 2Δ	5:	264	1 1 h	Direct Mail	Services	2	76,	114.
Masterworks	TTCGBGI	10,					+	DIICCC Hall	DCI VICCD		,,,	
19462 Powder Hill Pl. NE	Poulst	20	TA	JΔ	9,9	835	7 O	Direct Mail	Services	5	43,	744.
One & All	, roursi	, ,	, ,			<i>J J I</i>	7	DIICCO MAII	701 11008		,	,
2 N Lake Ave Ste 600, Pas	sadena	CZ	4 0	11	۱ n ⁻	1	ŀ	Direct Mail	Services	1	90,	581.
						_	一					

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt V	Ш	Statement of Re	venue	•					
			Check if Schedule O	contains	a response	or note to any li				<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 :	а	Federated campaigns		1a					
ìrar oun			Membership dues							
s, G			Fundraising events							
Sift lar,			Related organizations							
ini)			Government grants (conti							
rior S	1	f	All other contributions, gifts,	grants, a	nd					
ig #			similar amounts not included	above .	1f 9,	262,024. 676,865.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1a-1	ıf 1g \$2,	676,865.				
<u>2 E</u>		h ˈ	Total. Add lines 1a-1f			<u> </u>	9,262,024.			
						Business Code				
<u>e</u>	2	a .								
e Z	I	b .								
n S	,	C .								
gra Re	(d .								
Program Service Revenue		e .								
_			All other program service							
	3		Total. Add lines 2a-2f							
	3		Investment income (included) other similar amounts)	•		•	41,394.			41,394.
	4		Income from investment of				11,0010			12,0010
	5		Royalties			•				
			110 yan 100		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
	,	С	Rental income or (loss)	6c						
		d	Net rental income or (loss)		>				
	7 :	а	Gross amount from sales of) Securities	(ii) Other				
			assets other than inventory	7a 15	57,054.					
•	ı		Less: cost or other basis							
Revenue			and sales expenses	7b 1 6	50,797.					
eve			Gain or (loss)				2 7/2			2 7/2
Α.			Net gain or (loss)			D	-3,743.			-3,743.
Othe	8		Gross income from fundraising							
O			including \$ contributions reported on							
			Part IV, line 18		l l					
			Less: direct expenses							
			Net income or (loss) from			<u> </u>				
			Gross income from gamin							
			Part IV, line 19	-	I .					
	ı		Less: direct expenses							
		С	Net income or (loss) from	gaming	activities	<u>,</u>				
	10	а	Gross sales of inventory,	less retu	ırns					
			and allowances			141,600.				
	I	b	Less: cost of goods sold		10b	0.	111 600			4.44.600
		С	Net income or (loss) from	sales of	inventory		141,600.			141,600.
ns			Miggs 11	, т	7.0m.	Business Code	244	244		
e e			Miscellaneous	5 INC	:ome	611600	244.	244.	1	
Miscellaneous Revenue		b.								
Re		ч С	All other revenue							
Σ			All other revenue Total. Add lines 11a-11d				244.			
	12		Total revenue. See instruction		<u></u>		9,441,519.	244.	0.	179,251.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	262,290.	56,297.	155,614.	50,379
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 10- 101		44 00-	
7	Other salaries and wages	1,125,491.	958,450.	44,805.	122,236
8	Pension plan accruals and contributions (include	10 011	15 000		4 040
	section 401(k) and 403(b) employer contributions)	19,811.	17,999.	24 255	1,812
9	Other employee benefits	519,308.	420,587.	31,375.	67,346
10	Payroll taxes	99,985.	74,989.	11,998.	12,998
11	Fees for services (nonemployees):				
	Management	1.40		140	
	Legal	140.		140.	
	Accounting	19,250.		19,250.	
	Lobbying	250 556			250 556
е	Professional fundraising services. See Part IV, line 17	359,776.		6 700	359,776
f	Investment management fees	6,728.		6,728.	
g	Other. (If line 11g amount exceeds 10% of line 25,	F4 207	14 101	27 010	2 440
	column (A), amount, list line 11g expenses on Sch 0.)	54,387.	14,121.	37,818.	2,448
12	Advertising and promotion	93,851.	70,388.	24 206	23,463
13	Office expenses	348,510.	236,986.	24,396.	87,128
14	Information technology				
15	Royalties	206 222	201 411	11 040	2 0 6 2
16	Occupancy	296,222.	281,411.	11,849.	2,962
17	Travel	12,672.	8,617.	2,915.	1,140
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 441	0 441		
19	Conferences, conventions, and meetings	8,441.	8,441.		
20	Interest				
21	Payments to affiliates	07 260	92 002	2 404	071
22	Depreciation, depletion, and amortization	87,360. 55,453.	82,992.	3,494.	874
23	Insurance	55,453.	55,453.		
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 34e expenses on Schedule (A).				
_	amount, list line 24e expenses on Schedule 0.) Gifts in-kind	2,676,865.	2,676,865.		
a L	Direct mailing costs	403,310.	53,416.		349,894
D	Maintenance and lease e	254,921.	247,213.	6,667.	1,041
C	Postage	185,192.	185,192.	3,007.	1,041
a		290,189.	173,678.	16,422.	100,089
	All other expenses	7,180,152.	5,623,095.	373,471.	1,183,586
25 26	Joint costs. Complete this line only if the organization	,,100,152.	3,023,033	3,3,4,14	1,100,000
20					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	. \square				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (202

Form **990** (2021)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			216,153.	1	191,463.
	2	Savings and temporary cash investments			288,088.	2	2,600,260
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			10,046.	4	600.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	etion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Donate all all and a second and all affermed all all and an			149,574.	9	148,235
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,881,712.			
	b	Less: accumulated depreciation		564,029.	1,235,968.	10c	1,317,683. 691,986.
	11	Investments - publicly traded securities			877,339.	11	691,986.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			43,594.	15	43,594.
	16	Total assets. Add lines 1 through 15 (must equ		l l	2,820,762.	16	4,993,821.
	17	Accounts payable and accrued expenses		1	271,433.	17	352,669.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			37,446.	21	80,055.
ý	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
apil		controlled entity or family member of any of the				22	
Ĩ	23	Secured mortgages and notes payable to unrela			1,300,000.	23	1,300,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			1,608,879.	26	1,732,724.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.		,			
<u>a</u>	27	Net assets without donor restrictions			1,201,308.	27	1,319,823.
Ba	28	Net assets with donor restrictions			10,575.	28	1,941,274.
u		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.	,	, —			
ō	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,211,883.	32	3,261,097.
_	33	Total liabilities and net assets/fund balances			2,820,762.	33	4,993,821.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	9,44 7,18 2,26 1,21 -21	1,5 0,1 1,3	52. 67. 83.
8	Prior period adjustments	9			0.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 26	1 0	
Do	column (B))	10	3,26	1,0	97.
Га	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	-	100	110
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► 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

Employer identification number Name of the organization SUNDAY BREAKFAST MISSION 51-0073080 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	7.		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	` ,	`,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	6,032,047.	5,674,053.	6,673,906.	8,428,799.	9,262,024.	36,070,829.
2	Tax revenues levied for the organ-						
	ization'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	6,032,047.	5,674,053.	6,673,906.	8,428,799.	9,262,024.	36,070,829.
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)						1,150,932.
	Public support. Subtract line 5 from line 4.						34,919,897.
	ction B. Total Support	1	- T			1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6,032,047.	5,674,053.	6,673,906.	8,428,799.	9,262,024.	36,070,829.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	119,713.	28,144.	23,256.	19,283.	41,394.	231,790.
_	and income from similar sources	119,/13.	20,144.	23,230.	19,203.	41,394.	231,790.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						36,302,619.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructi	000)			12	537,376.
	First 5 years. If the Form 990 is for the			outh or fifth tax v			33773701
	organization, check this box and stor			•			▶□
Sec	etion C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	96.19 %
	Public support percentage from 2020					15	97.57 %
	33 1/3% support test - 2021. If the					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ıblicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ınd see instruction	s ▶Ш

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	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 organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

132023 01-04-22

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
44.		
10b		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2021 SUNDAY BREAKFAST MISSIC			51-00/3080 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (e <i>xplain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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			

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

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

	rt V Type III Non-Functionally Integrated 509		anizations /acation	ر ۱۰۰۰	1-00/3000 Page 7
	ion D - Distributions	(a)(o) capporting crg	amzations (continu	uea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		1	Our cite Tear
	Amounts paid to perform activity that directly furthers exemp	• • •		<u> </u>	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets	oo or oupportou organization		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ond details in Full 11,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	_	
	(provide details in Part VI). See instructions.	··· -· 9-···		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

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a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Burris Logistics	1,569,088.	843,036.
Edgar S. Woolard Jr.	960,000.	233,948.
Longwood Foundation	800,000.	73,948.
Total Excess Contributions to Schedule A, Part II, Line 5		1,150,932.

Schedule B

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

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

Name of the organization Employer identification number

SUNDAY BREAKFAST MISSION 51-0073080 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

SUNDAY BREAKFAST MISSION

51-0073080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Burris Logistics c/o Sunday Breakfast Mission, Inc., 110 N Poplar Street Wilmington, DE 19801	\$536,707. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Edgar S. Woolard Jr. c/o Sunday Breakfast Mission, Inc., 110 N Poplar Street Wilmington, DE 19801	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Longwood Foundation c/o Sunday Breakfast Mission, Inc., 110 N Poplar Street Wilmington, DE 19801	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BJ's Warehouse c/o Sunday Breakfast Mission, Inc., 110 N Poplar Street Wilmington, DE 19801		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

SUNDAY BREAKFAST MISSION

51-0073080

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food deliveries		
1			
		\$\$	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Food deliveries		
4		\$\$	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-1		\$	

Schedule B (Form 990) (2021)

Name of organization **Employer identification number** 51-0073080 SUNDAY BREAKFAST MISSION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Inspection

Name of the organization

SUNDAY BREAKFAST MISSION

Employer identification number 51-0073080

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(a) i and and only accounts
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic 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 conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve 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 conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance 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 tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of A		Treasures o	r Other	Similar A	ssets/cont	inued)	
			-				•	nucu)	
3	Using the organization's acquisition, accessing	on, and other record	is, check any or	the following that	t make sig	milicant use c) its		
_	collection items (check all that apply): Public exhibition	لم	l Diagnar	avahanga progra					
a		d		exchange progra	ırrı				
b									
C									
4							Part Alli.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma						Yes	N	
Pai	t IV Escrow and Custodial Arran							No_	
ı uı	reported an amount on Form 990, Par		ete ii trie organiz	ation answered	ies oiii	omi 990, Fai	t iv, iiile 5, c	л	
12	Is the organization an agent, trustee, custodi		diany for contribu	tions or other ass	eate not in	ıcluded			
ıa							Yes	X No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							140	
D	Tes, explain the arrangement in rait Ain	and complete the re	mowning table.				Amoui	nt	
c	Beginning balance					1c			
	Additions during the year					H + H			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						X Yes	□ No	
	If "Yes," explain the arrangement in Part XIII.				-		•	X	
	t V Endowment Funds. Complete it								
	'	(a) Current year	(b) Prior year) Three years b	ack (e) Fou	ır years back	
1a	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colun	ın (a)) held as:	·				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	/ /							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	ld and administe	red for the	organization	ı		
	by:							Yes No	
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule	R?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11	a. See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	, ,	ost or other		umulated	(d) Boo	ok value	
		basis (investr	ment) ba	sis (other)	depre	eciation	<u> </u>		
	Land			55,500.		74 100		55,500.	
	Buildings			087,829.		74,137.		3,692.	
	Leasehold improvements			345,048.		45,525.		9,523.	
	Equipment			254,535.	24	14,367.		0,168.	
е	Other	[138,800.			13	88,800.	

Schedule D (Form 990) 2021

1,317,683.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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, col. (B) line 25.)	

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.

Schedule D (Form 990) 2021

Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	d services and use of facilities	2b		
С	Recove	eries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lin	es 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С		es 4a and 4b			
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par		Reconciliation of Expenses per Audited Financial Statem		xpenses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total e	xpenses and losses per audited financial statements		1	
2		ts included on line 1 but not on Form 990, Part IX, line 25:			
а		d services and use of facilities			
b		ear adjustments			
С		osses			
d		Describe in Part XIII.)			
е		es 2a through 2d			
3		ct line 2e from line 1		3	
4		ts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		nent expenses not included on Form 990, Part VIII, line 7b			
b		Describe in Part XIII.)	4b		
		es 4a and 4b			
		xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)		5	
		Supplemental Information.			
		lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			t XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information	on.	
Daz	-+ T7	7, line 2b:			
rai	- C - I \	, line 2D.			
Ciir	vz s bo	Breakfast Mission serves as custodian	for man	w men and women wh	10
Dui	iday	bleaklast Mission serves as custodian	TOI Maii	y men and women wi	10
haτ	ze na	ability to access the banking system	indenen	dently.	
114 (/C 110	described and a second circ banking byseem	Indepen	denery.	

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SUNDAY BREAKFAST MISSION

Employer identification number 51-0073080

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

 Indicate whether the organization ra X Mail solicitations X Internet and email solicitation X Phone solicitations X In-person solicitations 	e X Solicita	ation of	non-g gover	overnment grants		
2 a Did the organization have a written	Part VII) or entity in connection with ividuals or entities (fundraisers) pure	profess	ional f	fundraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Masterworks - 19462 Powder		Yes	No			
Hill Pl. NE, Poulsbo, WA	Direct Mail Services		Х	1,430,116.	359,776.	1,070,340.
Legacy Mail Management - 1615						
E. Washington Street, Mt	Direct Mail Services		Х	181,837.	181,837.	0.
Innovairre - AMG - PO Box 799, Mt Pleasant, IA 52641	Direct Mail Services		х	107,129.	107,129.	0.
Total				1,719,082.	648,742.	1,070,340.
3 List all states in which the organizati or licensing. DE , PA , MD , NJ						<u> </u>

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

See Part IV for continuations

Schedule G (Form 990) 2021

		,	BREAKFAST MI			-0073080 Page 2
Pa	art I		•	·		·
	_	of fundraising event contributions and gro		0-EZ, lines 1 and 6b. List (b) Event #2		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			()1 /	()1 /	,	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				
	10		9 in column (d)	•	>	
	11	Net income summary. Subtract line 10 from line				
Pa	art		answered "Yes" on Forr	m 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(a) Tatal manaina y (a dal
nne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						1 1 1 1 1 1 1
ш	1					
		Gross revenue				
,,		Gross revenue				
ses	2	Gross revenue Cash prizes				
oenses		Cash prizes				
Expenses	2					
Direct Expenses		Cash prizes				
_	3	Cash prizes Noncash prizes Rent/facility costs				
_	3	Cash prizes Noncash prizes	Yes %	Yes_ %	Yes %	
_	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes% No	Yes % No	
_	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes % No		No No	
_	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 5 in column (d)	No No	No	
Direct	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d) from line 1, column (d)	No No	No	
6 Direct	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 15 in column (d) from line 1, column (d) cts gaming activities: _	No No	No	Yes No
a 6 Direct	3 4 5 6 7 8 Entries	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 15 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No	No	Yes No
a 6 Direct	3 4 5 6 7 8 Entries	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming actions.	Yes% No 15 in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these	No No	No	Yes No
g b 6 Direct	3 4 5 6 7 8 Ent 1 ls 1 l	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming actions.	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	e states?	No	

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 SUNDAY BREAKFAST MISSION 51-	-0073	3080	Page 3
	Does the organization conduct gaming activities with nonmembers?	\Box	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	. 13a		%
	an outside facility	. 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Dr	organization's own exempt activities during the tax year \(\subseteq \\$ \) Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	David III I	in 0	0h 10h
ГС	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, I	mes 9,	96, 106,
20	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise:	:LS:		
	\ Name of Dundmainer. Name and Dundmainer.			
<u>(i</u>	.) Name of Fundraiser: Masterworks			
<u>(i</u>	.) Address of Fundraiser: 19462 Powder Hill Pl. NE, Poulsbo, V	IA S	9837	0
<u>(i</u>	.) Name of Fundraiser: Legacy Mail Management			
<u>(i</u>	.) Address of Fundraiser:			
16	515 E. Washington Street, Mt Pleasant, IA 52641			

SCHEDULE L

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

SUNDA	Y BREAKFAST	MISSIO	N		ЭТ	-00	130	0 0		
Part I Excess Benefit Tra	nsactions (section 5	501(c)(3), sect	ion 501(c)(4), and se	ection 501(c)(29) org	anizat	ions o	nly).			
Complete if the organiza	tion answered "Yes" on	Form 990, Pa	art IV, line 25a or 25l	b, or Form 990-EZ, P	Part V,	line 40	Jb.			
1 (a) Name of disqualified person	(b) Relationship bet		lified	(c) Description of transaction				(d) Correcte		
(a) Name of disqualified person	person and o	organization	,,	bescription of trai	isactic) I		Y	es	No
								_		
									_	
								_	_	
2 Enter the amount of tax incurred	by the organization mar	nagers or disc	qualified persons du	ring the year under						
						▶ \$				
3 Enter the amount of tax, if any, o	n line 2, above, reimburs	sed by the or	ganization			▶ \$				
Part II Loans to and/or Fr	om Interested Per	rsons.								
Complete if the organiza	tion answered "Yes" on	Form 990-EZ	, Part V, line 38a or	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amount on F							W \ A =			
	ationship (c) Purpose	(d) Loan to or from the	(e) Original	(f) Balance due) In	(h) Ap	proved ard or		ritten
interested person with org	anization of loan	organization?	principal amount		defa	ault?	cómn	nittee?	agree	ment?
		To From			Yes	No	Yes	No	Yes	No
	l l	1 1		1	1	1	1	1	l	l

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
-				

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

Schedule L (Form 990) 2021

Total

	d "Yes" on Form 990, Part IV, line 28a, 28			(a) Sh	oring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
Janice Laymon	Family member of th	66 800	Compensatio	Yes	No X
Janice Laymon	Family member of th	00,000.	Compensatio		
Part V Supplemental Information.					
	oonses to questions on Schedule L (see	instructions).			
Sch L, Part IV, Business	Transactions Involvi	ng Interest	ed Persons:		
(a) Name of Person: Janic	e Laymon				
(b) Relationship Between	Interested Person and	d Organizat	ion:		
Family member of the Pres	ident/CEO				
(d) Description of Transa		for service	es provided	to	
(a) Descripcion of Hames	ocioni compensacion	201 201 1100	province		
the organization.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization SUNDAY BREAKFAST MISSION Employer identification number 51-0073080

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		_	
	Ľ	арріїсавіс		Form 990, Part VIII, line 1g	TIONCASH CONTINUE	ition a	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		547,622.	Thrift Valu	.e		
6	Cars and other vehicles	X	34	68,170.	Kelley Blue	Во	ok	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	3,105	2,061,073.	\$1.70 per P	oun	d	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	l which isn't required to be ι	used for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties o							
	contributions?		_	· ·		32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·	· 			
LHA		the Instruc	tions for Form 99	0.	Schedule N	1 (Forn	n 990)	2021

Schedule M (Form 990) 2021

Schedule M, Line 32b:

Part II

SCHEDULE O (Form 990)

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.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

SUNDAY BREAKFAST MISSION

Employer identification number 51-0073080

Form 990, Part I, Line 1, Description of Organization Mission:
institution in its 130th consecutive year of operation, whose purpose
is to provide the Gospel of Jesus Christ and provide shelter, Christian
substance abuse programming, education, and other services to hungry
men, women, and children, and physical and spiritual assistance to the
poor in Jesus' name. The Mission's capacity is 298 beds, which consist
of 70 overnight beds, 80 overflow and 48 resident-men's beds, and 100
beds for women and families. The residents are former homeless men and
women in the Mission's Christian rehabilitation program.

Form 990, Part VI, Section B, line 11b:

The Mission's Form 990 is distributed electronically to the governing board prior to submission.

Form 990, Part VI, Section B, Line 12c:

In connection with any matter which must be disclosed by a director, the Board decides whether the director or the family member of the director may participate in the business relationship which is to be conducted by, for, or with the Mission.

Form 990, Part VI, Section B, Line 15:

Performance is reviewed by Board Committee with compensation data comparables from other Missions, Christian non-profits, and general public analyzed for each person.

Form 990, Part VI, Section C, Line 19:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
SUNDAY BREAKFAST MISSION ese documents are available upon request. rm 990, Part XII, Line 2c e process governing audit oversight and independent a	Employer identification number 51-0073080
These documents are available upon request.	
Form 990, Part XII, Line 2c	
The process governing audit oversight and independent ac	countant
selection has not changed from the prior year.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization SUNDAY BREA	KFAST MISSION				En	nployer identific 51-00730	cation no	umber
Part I	Identification of Disregarded Entities. Co	omplete if the organization answered "	Yes" on Form 990, Part IV, line 3	33.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	nicile (state or			Direct c	(f) ontrolling ntity	9
Part II	Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organizat	tion answered "Yes" on Form 99	0, Part IV, line 34,	because it had one o	or more	e related tax-exe	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	g) 512(b)(13) rolled ity?
	Ç .		rereign seamily		501(c)(3))		•	Yes	No
110 N I	ndowner, Inc 27-3737952 Poplar Street gton, DE 19801	Rental of Property	Delaware	501(c)(3)	509(A)(3)				x

zarı III	Identification of Related Orgonizations treated as a pair		ership. Complete if t	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mo	re related	t

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income Share of total Share of Disposertionate Co		Code V-UBI	Genera	l or Percentage				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?
		country)						Yes	No
-									
		4.1							

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1 g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organi				11		X
	Performance of services or membership or fundraising solicitations by related organizations				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)		4.0					
3216	3 11-17-21	42		Schedule	R (For	n 990)	2021

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

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

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne Yes N	or Percentage in ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	orgs.? Yes N	yy total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	No income	assets	Yes	No	(Form 1065)	Yes N	0
				_		1					
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				$\sqcup \!\!\! \perp$			Ш			$\sqcup \bot$	