## Form **990**

В

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

, 20 D Employer identification number

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2024 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2024, and ending

	Ad	ddress change	change DBA OUR DAILY BREAD FOOD & RESOURCE CTR						35-2541161 <b>E</b> Telephone number			
	Na	ame change										
	In	P.O. BOX 1721						405-533-2555				
	Fir	nal return/terminated	STILLWATER, OK 74076									
	ıΑ	Amended return							eceipts \$	3,604	,899.	
	ΑĮ	Application pending F Name and address of principal officer: CRISTI WULLER					H(a) Is this a group return for subordinates? Yes $X No$					
		SAME AS C ABOVE						re all subordinates included? "No," attach a list. See instructions.  Yes  No				
I	Tax-	exempt status:	X 501(c)(3) 501(c)	( ) (i	nsert no.) 4947(a)(	1) or 527	],	attaon a not	. 000			
J	We	bsite: HT	TP://WWW.OURDA	LYBREADST	TILLWATER.ORG/	,	H(c) Group	exemption nu	ımber			
K		of organization:	X Corporation Trust	Association	Other	L Year of forma	tion: 201	5 <b>M</b> s	State of leg	al domicile: OK		
Pa	rt I	Summar	y									
	1		riefly describe the organization's mission or most significant activities: FEEDING OUR COMMUNITY COLLABORATIVELY									
ģ		AND PROVIDING CONNECTIONS THAT ENABLE LASTING CHANGE										
anc												
Governance	_											
હુ	2 3	Check this box if the organization discontinued its operations or disposed of more than 29 Number of voting members of the governing body (Part VI, line 1a)							net ass	ets.	1 /	
	4	Number of voting members of the governing body (Fart VI, line 1a)							4		$\frac{14}{14}$	
Activities &	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)							5		24	
ΙΞ	6	Total number	r of volunteers (estimate	if necessary).					6		750	
Ac			ed business revenue fro						7a		0.	
	b	Net unrelated	Net unrelated business taxable income from Form 990-T, Part I, line 11						7b		0.	
								Prior Year		Current Y		
Revenue	8	Contributions and grants (Part VIII, line 1h).						2,220,9	87.	3,297		
	9	Program service revenue (Part VIII, line 2g)						F1 2	0.1		<u>,197.</u>	
Rev	10 11		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						51,391.		<u>,573.</u>	
_	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)						170,883. 2,443,261.		3,577	,244.	
	13							2,443,2	.01.	3,311	, 320.	
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)										
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									,114.	
		Professional fundraising fees (Part IX, column (A), line 11e)						414,7	470	, 114.		
Expenses		b Total fundraising expenses (Part IX, column (D), line 25)										
Ä			-									
	17							L,955,1 2,369,9	2,477			
	18		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							2,975,674.		
- 0	19	Revenue less	evenue less expenses. Subtract line 18 from line 12					73,3		602, 254. End of Year		
ts or inces	20	Total assets (Part X, line 16)						ng of Curren		3,688,663.		
Assets   Balanc	21	Fotal liabilities (Part X, line 26)						-/ * * * / * * * *		60,979.		
Net /	22		t assets or fund balances. Subtract line 21 from line 20					•	3,627,684.			
Pa		Signatur		tille 21 iroili	IIIIe 20		4	2,944,8	80.	3,621	,684.	
				rotura including of	and a selection and	atatamanta and ta	the best of m	au Imaviladaa	and halist	i it in true normani	t and	
comp	lete. D	eclaration of prepa	eclare that I have examined this arer (other than officer) is based	on all information of	of which preparer has any kr	owledge.	the best of h	ny knowieuge	and belief	, it is true, correc	., anu	
Sig	ın	Signature of	Signature of officer Date									
Here		RACHEI	RACHEL CONDLEY EXECUTI						ECTO	3		
		Type or print name and title								·-		
Paid Preparer Use Only		Preparer's r	reparer's name Preparer's signature Date					Check	if P	TIN		
		GABRIEL	LE M. CONCHOLA, CP.	A GABRIELL	E M. CONCHOLA, CI	PA		self-employe	ed P	01220238		
		Firm's name	· · · · · · · · · · · · · · · · · · ·									
		Firm's addre						Firm's EIN 73-0721487				
									Phone no. (918) 225-4216			
May the IRS discuss this return with the preparer shown above? See instructions											No	
BAA For Paperwork Reduction Act Notice, see the separate instructions.  TEEA0101L 12/12/24  Form 990 (2024											0 (2024)	